

Case Number:	CM13-0029909		
Date Assigned:	03/17/2014	Date of Injury:	04/21/2006
Decision Date:	04/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58 year old male with a work injury dated 4/22/06. His current diagnoses include: Status post spinal cord stimulator placement on 06/29/2012; chronic pain; 3. Status post L4 through 51 laminectomy fusion. 4. Left postlaminectomy syndrome. There is a request for Norco 7.5/325mg #90. An 8/20/13 primary treating physician report reveals that the patient states that his lowback pain is a 7/10 on the pain scale. He has left lower extremity numbness/tingling and pain in the foot. The patient states that he rates his low back pain at 7/10 on the pain scale. He notes left lower extremity numbness, tingling and pain to the foot. The patient notes the back is uncomfortable as well as the left buttock. He states that he sleeps on his left hand which makes him uncomfortable. The patient states that the magnet is not working. He states that the device is turning on by itself. He does note occasional weight loss. He says that there is occasional pain over the generator site, most notably at night. He is currently taking Cymbalta 90 mg, Elavil 10 mg, and trazodone 50 mg. He is also taking Norco 7.5/325 mg two to three per day, Lyrica 150mg two per day and senna two to three per day. He states the medications help decrease pain and denies any side effects. The patient's pain diagram was reviewed in detail with the patient. The objective findings on this date were that the patient is alert and oriented, in no acute distress. He is utilizing a single-point cane for ambulation. [REDACTED]

[REDACTED]

There is decreased sensation over the left lower extremity. Incision site over the lumbar spine is well healed without any sign of infection. Reflexes are normal in the bilateral lower extremities. Blood work from 6/12 reveals normal renal and hepatic function. CURES report 7/23/13 is consistent. Per documentation an office note dated 5/21/2013 revealed despite spinal cord

stimulator and injections patient presented with continued low back pain and the plan was for continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 7.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 79-80, 84, and 91.

Decision rationale: Norco 7.5/325mg is not medically necessary per the MTUS guidelines. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the patient had been utilizing opioid therapy long term without documented evidence of significant improvement in pain or overall functional improvement. The request for continued Norco 7.5/325mg is not medically necessary.