

Case Number:	CM13-0039494		
Date Assigned:	12/18/2013	Date of Injury:	11/18/1998
Decision Date:	07/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/06/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 67 year old male who reported an injury on 11/18/1998 due to a slip and fall off an eight foot ladder. The injured worker complained of lower back pain, tenderness to lower spine with pain that radiated into both legs. Physical examination showed that the injured workers lower extremity motor strength were 5/5 on hip flexion, 5/5 on hip extension, 5/5 on knee flexion. 5/5 on knee extension and 5/5 on EHL. Straight leg raise to the right was 40 degrees with low back pain on the right that radiated into the right buttock and thigh and down the right leg. Straight leg raise to the left was 50 degrees with low back pain. There was decreased sensation to pinwheel examination and light touch at the medial aspect of the foot (L5 dermatome). Lumbar spine showed that there was no spinous process tenderness in the lower region, there was paraspinal muscle spasm and tenderness in the lower lumbar area, more on the right. Exam also revealed 30% loss of overall range of motion of the lumbar spine to normal. X-rays of the lumbar spine taken on 10/13/2005 showed scoliosis convex of the lower lumbar to the left with lateral osteophyte formation maximally at the right side of the L4-L5 level. Lateral views of the lumbosacral spine showed disc space narrowing at the L4-L5 level. Oblique views of the lumbosacral spine showed no pars interarticularis defects. There was also osteophyte formation at the lower thoracic and upper lumbar region. The injured worker has diagnoses of herniated nucleus pulposus at the L4-L5 level and persistent low back and right leg pain, degenerative disc disease and neuropathy. The injured worker has had pain management, medication therapy, physical medicine and rehabilitation. Medications to include Norco 10/325mg up to 9 tablets per day PRN, Soma 2 tablets per day, Plavix, Lipitor and Toprol XL. The treatment plan is for Norco 10/325 #240. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The request for Norco 10/325 #240 is not medically necessary. The injured worker complained of lower back pain, tenderness to lower spine with pain that radiated into both legs. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the usual dose is 5/500mg is 1 or 2 tablets orally every four to six hours as needed for pain (Max 8 tablets/day). Guidelines also state that prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. That the lowest possible dose should be prescribed to improve pain and function. MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Given the above guidelines the injured worker is not within MTUS guidelines. There was no documentation regarding the measurement of pain of the injured worker with and without the Norco. No side effects listed in reports. There was no evidence that the Norco was also helping with any functional deficits the injured worker had. The report also lacked any urinalysis or drug screening showing that the injured worker was compliant with MTUS guidelines. As such, the request for Norco 10/325 #240 is not medically necessary.