

Case Number:	CM13-0059139		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2010
Decision Date:	06/05/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 patient is a 48 year old male injured on 03/02/10 due to cumulative trauma as a result of wearing his duty belt resulting in low back pain. A lumbar MRI performed on 05/07/10 revealed 2-3mm left paracentral disc protrusion at L5-S1 with annular disc tear touching the left S1 nerve root in addition to facet joint arthropathy from L3 to S1. The patient has been treated with intermittent lumbar epidural steroid injections and ongoing opiate medications. Recent documentation indicates the patient complaining of left low back pain radiating into the left buttock with left foot paresthesia. It was also noted there was no improvement following recent transforaminal epidural steroid injection at left L5 and S1. The patient reports pain increases with bending, twisting, lifting, and prolonged sitting/standing/walking. Physical assessment revealed lumbar range of motion restricted in all planes by pain, tenderness to palpation of the lumbar paraspinal muscles overlying the left L3-4, L4-5, and L5-S1 facet joints, lumbar extension was more painful than flexion, and lumbar discogenic provocative maneuvers were positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG 4 TIMES DAILY AS NEEDED # 120, 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines state that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In this case, there is documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. It is noted that the Norco reduces the patient's pain by 70%. Additionally, it increases his functionality in his activities of daily living to include food preparation, basic home care, standing longer than 30 minutes, and completing his home exercise program. The patient is also able to work full-time with adequate pain control. Furthermore, opioid risk assessments were provided regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the request for Norco 10/325mg 4 times daily as needed # 120 with 2 refills is medically necessary and appropriate.