

Case Number:	CM13-0069769		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2011
Decision Date:	04/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31 year-old male who reported an injury on 10/21/2011. The mechanism of injury was reported to be that the patient strained his lower back while moving a ladder. The patient was diagnosed with status post laminectomy and discectomy at L4-5, chronic low back pain and bilateral lower extremity pain. The patient was also status post a lumbar epidural steroid injection at L4-5. The patient's medications included Norco 10/325 mg 6 a day, Relafen 750 mg twice a day, Effexor ER 75 mg twice daily, Neurontin 400 mg 3 times a day and Flexeril 10 mg twice daily. The patient complained of persistent back pain with radiating pain down the bilateral lower extremities. The patient was reported to be doing well on the medication regimen. The patient walked for home exercise. The most recent physical examination was 03/06/2013, which revealed that the patient had mild discomfort in the lower lumbar region. Straight leg raise was about 45 degrees bilaterally with pain and an electric shock sensation down the bilateral lower extremities. The patient was recommended for Norco 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG PO 6 QD #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back and Chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78.

Decision rationale: The California MTUS states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The patient complained of pain; however, no clinical documentation was submitted for review to indicate an increase in the patient's physical or psychosocial functioning. Also, the documentation does not discuss any potential side effects of the medication. Given the lack of documentation to support the guideline criteria, the request is non-certified.