

Case Number:	CM13-0070617		
Date Assigned:	01/08/2014	Date of Injury:	04/22/2008
Decision Date:	08/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 34 year old male injured on 04/22/2008 while lifting a sand sack weighing approximately 100 pounds resulting in low back pain. Current diagnoses include chronic intractable lumbar back pain status post anterior L5-S1 interbody fusion, anterior discectomy and placement of an anterior L5-S1 interbody graft on 04/16/10, chronic neuropathic pain, bilateral lower extremity radiculopathy, chronic insomnia, depression, constipation, and onychomycosis of bilateral feet and the left hand. Clinical note dated 11/12/13 indicates the injured worker presented complaining of low back pain and cramping in the bilateral lower extremities. The injured worker also complains of continued depression. Objective findings include anteflexion of the trunk of the pelvis allows for 45 degrees of flexion, extension 10 degrees, rotation to the left is 10 degrees, right is 10 degrees, lateral flexion is 20 degrees bilaterally, lower thoracic and lumbar tenderness and spasm present, no sacroiliac or trochanteric tenderness noted. Plan of care included continuation of Norco 1 q 6 hours, Cymbalta 60 mg every day, Colace 100 mg twice a day, baclofen 10 mg three times a day, atarax 25 mg every six hours, Gabapentin 600 mg three times a day, and Lidoderm patches 1-3 per day. The injured worker is also to pursue chiropractic treatments. The initial request for Norco was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

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

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, a dose, frequency, and number of refills was not submitted for refill. As such, the medical necessity of Norco cannot be established at this time.