

Case Number:	CM14-0001411		
Date Assigned:	01/22/2014	Date of Injury:	11/01/2001
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 California. 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 56-year-old male who reported an injury on 11/01/2001 due to an unknown mechanism. The clinical note dated 11/07/2013 indicated diagnoses of status post L4-5 global fusion with residual radicular symptoms down the legs, bilateral shoulder pains secondary to impingement syndrome with a torn labrum on the right and AC joints arthrosis on the left, facet arthropathy lumbosacral spine, pedicle screws at L5-S1 with IBF cages at L5-S1 with a 3 mm disc bulge versus protrusion/herniation at L4-5 and L5-S1, and sacroiliac pathology. The injured worker reported back pain rated at 4/10 which he described as aching, burning, pulling and spasming. The injured worker experienced back stiffness and weakness in his right and left leg and back pain located in the lumbar area, right leg and left leg. The injured worker reported hip flexion, back flexion, and hip extension worsened his condition. The injured worker also complained of leg pain. He reported neck pain rated 6/10 which he described as burning. He also reported hip pain rated 6/10. The injured worker was status post SI injection with short term benefit and he was scheduled for a second one. His L5 dermatome and L4 dermatome demonstrated decreased light touch sensation on the left, straight leg raise testing was positive on the left side at 20 degrees with pain radiating to the left buttocks, thigh, medial leg, lateral leg, posterior calf, heel and foot, and straight leg raise was positive to the right side at 50 degrees with pain radiating to the right buttocks and posterior thigh. The injured worker had a positive Lesague's sign with reproductive of pain similar to his usual quality and quantity from his daily pain. The injured worker's medication regimen included Norco, Zanaflex, vitamin C, D, E and B12 and nortriptyline capsule. The Request for Authorization was submitted on 10/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 1 PO EVERY 4HR #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, 3, 47-49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg 1 by mouth every 4 hr #120 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers functional status, evaluation of risk for aberrant drug use behavior and side effects. There was a lack of documentation indicating objective functional improvement with the medication. Therefore, based on the documentation provided, the request is not medically necessary.