

Case Number:	CM14-0004433		
Date Assigned:	02/05/2014	Date of Injury:	05/29/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopaedic Surgery 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 record notes a 35-year-old individual with a date of injury of May 29, 2013. The mechanism of injury was lifting a cabinet up a flight of stairs on a dolly. The diagnosis noted is a lumbar strain (rule out disc herniation). This request for 120 tablets of Norco was previously denied on January 6, 2014. The record indicates that the claimant has been treated with pharmacotherapy, including NSAIDs, and opiates, physical therapy and epidural steroid injection, and diagnostic studies have included x-rays, MRI, and EMG/NCV studies of the lower extremity. A progress note dated December 12, 2013 indicates the claimant presents for evaluation with complaints of pain in the neck, shoulders, lumbar spine, left hip, knees, and feet. Current pharmacotherapy includes Norco, Ibuprofen, and Tramadol. Physical examination reveals a 6'1" tall individual weighing 376 pounds. Examination of the cervical spine reveals decreased range of motion and tenderness, a positive Spurling's test, motor, reflex, and sensory testing is normal. Lumbar spine exam reveals a decreased range of motion of the lumbar spine, tenderness to palpation, a positive straight leg raise at 60° bilaterally, and a positive Kemp's test bilaterally. The claimant was able to heel and toe walk. Motor and DTR testing was normal. Sensation was diminished in the L5 and S1 muscle groups bilaterally. Examination of the shoulders reveals decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- CRITERIA FOR USE OF OPIOIDS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST, 91

Decision rationale: Chronic Pain Medical Treatment Guidelines, support the use of opiate medication in certain clinical settings of chronic low back pain syndromes when appropriate documentation of objective evidence of efficacy is noted with the medication provided. The record provides no objective documentation of efficacy of the use of this medication. Additionally, a urine drug screen, an opioid agreement has not been noted. This is strongly recommended by the guidelines. Based on the fact that the medical record provides no documentation of objective functional improvement with the noted medication, guideline criteria have not been met. Therefore, this request is not medically necessary.