

Case Number:	CM14-0008989		
Date Assigned:	06/11/2014	Date of Injury:	07/11/1998
Decision Date:	08/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 07/11/1998. The mechanism of injury was not provided. On 06/04/2014, the injured worker presented with lower back pain that radiated to the bilateral lower extremities. Current medications include; oxycodone, Norco and Paxil. Upon examination, the injured worker is in a wheelchair with mild distress and cognitive and speech dysfunction. Examination of the cervical spine revealed tenderness to palpation along the posterior cervical musculature and a decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity and examination of the bilateral knees revealed significant tenderness to palpation along the medial and lateral jointline with soft tissue swelling noted in the bilateral knees. The diagnoses for a lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, status post L5-S1 disc replacement, cervical spine sprain/strain, and status post removal of spinal cord stimulator on 10/03/2011. The provider recommended Norco for the lumbar and cervical spine. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #240, FOR LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 240 for the lumbar and cervical spine is non-certified. California MTUS Guidelines recommend the use of opioids for ongoing 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 lack of evidence of an objective assessment at the injured worker's pain level, functional status, evaluation of risk for opiate drug abuse behavior and side effects. The injured worker has been prescribed Norco since at least 12/2013, however, the efficacy of the medication was not provided. The provider's request for Norco did not indicate the frequency of the medication being requested. As such, the request is non-certified.