

Case Number:	CM14-0100162		
Date Assigned:	09/16/2014	Date of Injury:	08/07/2000
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine, and is licensed to practice in Colorado. 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 48 year old male with a date of injury of 8/7/2000 with ongoing low back pain radiating to bilateral lower extremities, right greater than left. Current electromyogram shows bilateral L5/S1 lumbar radiculopathy. Magnetic resonance imaging scan shows multi-level degenerative disk disease, large protrusion at L5/S1 with associated facet arthropathy and stenosis. Injured worker is being considered for a bilateral foraminotomy versus fusion. A 9/5/14 examination reveals an antalgic gait favoring left lower extremity, difficulty in transitioning from sitting to standing, poor sitting tolerance, tenderness bilaterally with muscle spasm paraspinal musculature, decreased range of motion with pain, positive straight leg raise, decreased sensation. His diagnosis is lumbar disk disease, bilateral lower extremity radiculopathy, medical induced gastritis, xerostoma with multiple caries secondary to chronic narcotic use. The request is for Norco and Doral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 91.

Decision rationale: This is a 14 year old injury with ongoing reported debilitating pain with no indication of analgesic or functional improvement with use of this medication. There is lack of sufficient documentation regarding benefit or of analgesia if any. There is lack of documentation regarding activities of daily living. There is lack of documentation regarding aberrant behavior or drug use. All of these requirements are to be met per the medical treatment guidelines to support ongoing prescribing and use of this medication. There is no indication in the degree of pain control as there is no measurable documentation of the level of pain (visual analog scale). Therefore based on the guidelines and the documents provided for review the request for Norco is not medically necessary.

Doral 15mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: This is a 14 year old injury with chronic prescribing of this medication. The medical treatment guidelines note that this medication is to be utilized for short term use only. There is also inadequate documentation as to the etiology of the reported sleep disorder. Therefore the requested Doral 15mg #30 is not medically necessary.