

Case Number:	CM14-0103557		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2013
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 43-year-old female who has submitted a claim for lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified, associated with an industrial injury date of 4/25/2013. Medical records from February 2014 to July 2014 were reviewed. Patient complained of low back pain, which was associated with tingling, numbness, and weakness in the left leg. The pain was constant in frequency and moderate intensity. The pain was rated 7-10. It was aggravated by bending, prolonged standing, sitting, and walking. The pain decreased with medications. With regards to functional limitations, the patient avoided going to work, socializing with friends, physical exercising, and performing household chores. Physical examination of lumbar spine revealed that the range of motion to forward flexion was 40 degrees, extension 15 degrees and side bending 15 degrees. Inspection of the lumbar spine revealed no asymmetry or scoliosis. There was normal alignment with normal lumbar lordosis. There was tenderness over the bilateral lumbar paraspinal muscles consistent with spasms. There was positive lumbar facet loading maneuver bilaterally. There was positive straight leg raise test on the left in the seated and supine position to 45 degrees. The motor strength was 5/5 and symmetric throughout the sensation in the left L4 and L5 dermatomes of the extremities. Reflexes were symmetric at 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. The patient was totally temporarily disabled. Electromyography (EMG) and nerve conduction velocity (NCV), dated 03/03/14, documented evidence of radiculopathy at L4-L5. MRI revealed mild degenerative disc disease at L3-L4, L4-5, and L5-S1. Treatment to date has included Naproxen, Norco 5 /325mg, and Omeprazole. Utilization review from 8/12/14 denied the request for Norco 5/325mg. Request was denied because there was no documentation of significant functional gain from the medication requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg PO QHS as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy in Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical, and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient was prescribed Norco in an unspecified date which according to her, provided improvement especially during night time. The patient reported subjective relief with the use of Norco but did not indicate significant functional gain from the medication. Norco usage is warranted in chronic pain if there is significant functional improvement and pain reduction. Validated VAS scale documentation, pain diary scores, and other objective measures of functional improvement, however, were not stated in this case. There was likewise no urine drug screen to monitor medication compliance. Therefore, the request for Norco 5/325 mg #30 is not medically necessary.