MAXIMUS Federal Services

Case Number:	CM14-0014089		
Date Assigned:	02/26/2014	Date of Injury:	06/10/2002
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 06/10/2002. The mechanism of injury was not provided. The clinical note dated 01/22/2014 noted the injured worker presented with complaints of intermittent neck pain, constant mid-back pain, and back pain radiating into the lateral lower extremities with an associated sharp pain with range of motion. Examination of the lumbar spine revealed spasms and tenderness to the palpation of the paravertebral musculature, sciatic notch tenderness noted on the left, lumbar spine range of motion restricted, positive Kemp's, positive straight leg raise, and all remaining orthopedic tests negative bilaterally. The diagnoses were status post recent fall with sprain/strain and bruising on the left of the ribs; acute flare-up of the lumbar spine sprain/strain; chronic pain syndrome; chronic neuropathic pain; sacroiliitis, left greater than right; disc protrusion at L3-4 and L4-5; history of liver disease, probably due to medication usage; status post spinal cord stimulator revision and replacement of battery; osteoarthritis of the hips and pelvis; status post removal of spinal cord stimulator on 01/09/2013; increased flare-ups of back pain and radicular pain with worsening breakthrough pain; disc protrusion at L2-3 with facet arthropathy at L2-3 and L3-4 bilaterally; and status post anterior/posterior fusion at L5-S1 with residual back and lower extremity pain. The current medication regimen includes Kadian 100 mg once per day; Cymbalta 60 mg 2 times per day; and Norco 2 to 3 tablets a day. Prior treatment included the use of a TENS unit, Cymbalta, Norco, Kadian, lidocaine patch, flurbiprofen, and topical medications. The provider is recommending Norco 10/325 mg with a quantity of 90. The provider's rationale was not included within the request. 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 10/325MG #90: 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, OPIODS FOR CHRONIC PAIN,

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

Decision rationale: The 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 was a lack of evidence of an objective assessment, and the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is not medically necessary.