

Case Number:	CM14-0015125		
Date Assigned:	02/28/2014	Date of Injury:	11/13/2006
Decision Date:	06/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Medicine, and is licensed to practice in California, Nevada. 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 62-year-old male injured on November 13, 2006 due to an undisclosed mechanism of injury. Current diagnoses include multiple level degenerative disc disease with stenosis at L2 through L5 and status post right inguinal repair in January of 2007. The clinical documentation dated December 30, 2013 indicates the injured worker presented with complaints of low back pain and lower abdominal discomfort around the incisional/inguinal area. Physical assessment findings include a difficulty walking, difficulty changing position, and getting onto the examination table, limited range of motion of the lumbar spine, guarding with motion, muscle spasm present, and antalgic gait. The treatment plan included referral for a 2nd opinion with a general surgeon due to persistent abdominal pain status post inguinal/abdominal hernia repair in 2007. The injured worker was prescribed Norflex 100mg BID to TID for spasms and Norco 10/325mg Q 4-6 hours for moderate to severe pain. The documentation indicates the medications improved his pain and activities. The initial request for Norco 10/325mg, unspecified quantity and Norflex 100mg, unspecified quantity was initially non-certified on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG UNSPECIFIED QUANTITY: 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 Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use, Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS (visual analog scale) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg unspecified quantity cannot be established at this time. The request for Norco 10/325 mg, unspecified quantity, is not medically necessary or appropriate.

NORFLEX 100MG UNSPECIFIED QUANTITY: 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 Chronic Pain Medical Treatment Guidelines, 9792.20, Muscle relaxants (for pain), Page(s): 63.

Decision rationale: Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Norflex 100mg unspecified quantity cannot be established at this time. The request for Norflex 100 mg, unspecified quantity, is not medically necessary or appropriate.