

Case Number:	CM14-0018049		
Date Assigned:	04/16/2014	Date of Injury:	08/20/2013
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 29-year-old who reported an injury on August 20, 2013. The injury reportedly occurred when the patient was lifting three items each weighing 60-70 pounds each. On October 7, 2013 x-rays of the injured workers lumbar spine revealed reduced lumbar lordosis. The documentation dated January 9, 2014 stated that the injured worker attended five sessions of physical therapy, which provided "some relief". The injured worker had positive straight leg raise, negative clonus and negative Babinski test. Motor strengths were all recorded at 5/5. Overall impressions from lumbar radiologic review include: Levoconvex scoliosis of the lumbar spine. And anterior spondylolytic spondylolittthesis of L5on S1 with bilateral pars defects. In the clinical notes dated January 27, 2014 the injured worker presented with aching pain in the low back, with pain radiating into his left lower extremity. He also states he was having numbness and tingling in his feet. The current documentation states that injured worker was not taking any medications for his pain symptoms. The injured worker has been recommended for physical therapy two times a week for four weeks, as well as Norco 10/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-77.

Decision rationale: The injured work, according to most recent clinical notes provided was not taking medication for pain symptoms and has attended five sessions of physical therapy. According to the Chronic Pain Medical Treatment Guidelines opioids are indicated for moderate to severe pain and should be continued if pain and functional improvements are documented. The clinical documentation provided state that NSAIDs (non-steroidal anti-inflammatory drugs) were "ineffective", there is a lack of documentation as to dosage and duration of medication. According to the guideline the lowest possible dose should be utilized for long term use, Norco 10/325 is not the lowest dose Norco available for use in pain management. There is a lack of documentation provided to support the use of opioids for chronic pain for the injured worker. The guidelines recommend that before initiating a trial of opioids the patient should have documented failure of non-opioid analgesics. There is lack of clinical documentation regarding physical therapy and conservative care attended by injured worker. Also, there is documentation of injured worker stating he reports as being depressed related to work injury. According to the guidelines, pain associated with psychological factors such as depression have not shown to have good success with opioid therapy. The request for Norco 10/325, ninety count, is not medically necessary or appropriate.