

Case Number:	CM14-0018967		
Date Assigned:	04/23/2014	Date of Injury:	07/24/1996
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery 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 53 year old male who sustained an injury on 07/24/96 when he was driving a vehicle. The injured worker was struck by a second vehicle into the driver side causing injury to the low back. Prior treatment included epidural steroid injections which provided minimal relief. Ultimately the injured worker underwent lumbar fusion at L5-S1 which provided some early benefits. There was a second injury noted in 1999 when the injured worker slipped and fell. Further surgical intervention to the lumbar spine was completed including hardware revisions in 2000. The injured worker continued to be followed for pain management and received prior multiple cortisone injections and epidural steroid injections. More recently the injured worker was involved in another motor vehicle accident when a tire blew out. While waiting for a tow truck the injured worker again slipped and fell causing more low back pain. The injured worker had recent emergency room visits to address low back pain. As of 12/17/13 the injured worker reported daily continuous low back pain which varied in intensity. At this evaluation the injured worker reported 7/10 pain at rest which increased to 10/10 with any activity. The injured worker described limited ability to ambulate more than 50 feet and described weakness and numbness in the lower extremities. On physical examination the injured worker ambulated with an antalgic gait and flexed forward gait pattern. There was tenderness to palpation in the lower lumbar spine and over the left sacroiliac joint. There was substantial loss of range of motion in the lumbar spine. Weakness was mild on hip flexion bilaterally. An updated MRI was recommended and the injured worker was prescribed Norco for pain. Urine drug screen findings from 12/23/13 were negative for any substances. Follow up on 01/28/14 indicated the injured worker had persistent complaints of low back pain rating 10/10 on VAS despite narcotics. Physical examination findings were relatively unchanged. The injured worker was prescribed a Medrol DosePak at this visit. The requested Norco 10/325mg quantity 180 was

denied by utilization review on 02/06/14. The report modified the request for a quantity of 20 to initiate a weaning process or to allow objective evidence of derived functional benefit of any with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 88-89.

Decision rationale: The clinical documentation did not identify any substantial improvement with the use of Norco. Pain scores were higher following the prescription of Norco after it was prescribed in December of 2013. Given the lack of any clear benefit from Norco in addressing exacerbation of chronic low back pain, this short acting medication is not supported as medically necessary and appropriate.