

Case Number:	CM14-0115380		
Date Assigned:	08/04/2014	Date of Injury:	03/16/2013
Decision Date:	09/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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 male who reported an injury on 03/16/13 while working as a park aide due to repetitive climbing, crawling, and bending. The most recent clinical note dated 05/12/14, revealed complaints of severe pain and discomfort in low back described as throbbing, aching, burning, and pins and needle sensation; difficulty going up and down stairs, and carrying heavy objects for prolonged periods of time increased the burning sensation in bilateral legs. Pain was rated 7/10 visual analog scale (VAS) score. Diagnosis is musculoligamentous sprain/strain, lumbar spine simple 4 millimeters central disc protrusion at L3 to L4 markedly impressing on thecal sac 5.9 millimeters (MRI 05/09/13), bilateral facet arthrosis, ligamentum flavum hypertrophy, and marked bilateral neural foraminal narrowing L3 to L4 and L4 to L5 per MRI dated 05/09/13, grade 1 bilateral facet arthrosis L5 to S1 with marked bilateral neural foraminal narrowing. Prior utilization review on 06/30/14 was noncertified. There was no clinical documentation of VAS score with and without medication or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/335 Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Prior utilization review on 06/30/14 resulted in denial. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Given the above, the request for Norco 10/325mg QTY 60 is not medically necessary.