

Case Number:	CM14-0116337		
Date Assigned:	08/04/2014	Date of Injury:	06/21/2003
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 06/20/2003 caused by falling 3-to-4 feet after shutting the door on a truck. The injured worker had a history of lower back pain that radiated to the bilateral legs. The diagnoses included disc disorder to the lumbar, sacroiliac pain, lumbar/lumbosacral degenerative disc disease, disc displacement, and post-laminectomy syndrome. The prior surgeries included a lumbar fusion at the L4-S1 dated 10/26/2010, a spinal cord stimulator trial for back and leg pain relief, dated 02/11/2008, and a revision of the hardware dated 10/2011. The diagnostics submitted include an x-ray, dated 11/26/2013, that revealed no evidence of complications of lower lumbar fusion and degenerative disc disease above the area of the fusion. Medications include Norco 10/325mg, Soma 350mg, MS Contin 30mg, and Paxil. The objective findings dated 06/02/2014 of the lumbar spine revealed a well-healed surgical scar and restricted range of motion, with flexion limited to 40 and extension to 10. On palpation, the paravertebral muscles revealed tenderness and tight muscle bands bilaterally, negative heel toe walk. Straight leg raise was positive on the left side with sitting at 10. Babinski's sign was negative. Tenderness was noted over the spinal column area over surgical site. The motor examination revealed pain. However, the injured worker moved all extremities well. Sensory examination revealed light touch sensation that was patchy in distribution, assist with cane. Exam was positive for good exercise tolerance. The treatment plan included Norco 10/325mg. The Request for Authorization, dated 08/04/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (take 1 every 4-6 hours, max 5/day): 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 Norco and Ongoing Management Page(s): 75 and 78.

Decision rationale: The request for Norco 10/325 (take 1 every 4 to 6 hours, maximum 5/day) is not medically necessary. The California MTUS guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of "the 4 A's": analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical note indicated that the injured worker's injury was in 2003, and the injured worker should have been weaned off the Norco. There was indication that the injured worker was motivated to decrease his opioid medication; however, no follow-up was noted. The injured worker also indicated that the physical therapy had actually improved his function. The injured worker has a good exercise plan and good tolerance and should continue his home exercise program. The clinical notes did not indicate any measurable efficacy of the Norco. The request did not address quantity. As such, the request is not medically necessary.