

Case Number:	CM14-0116603		
Date Assigned:	08/04/2014	Date of Injury:	04/12/2013
Decision Date:	09/12/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 47-year-old male who reported an injury on 04/12/2013 from a fall while preparing a wet floor, as he was vacuuming water up and he slipped and fell backwards landing on his head and back. He had a history of lower back pain that radiated to the lower extremities and bilateral upper extremity pain. He had diagnoses of chronic headaches, severe central canal stenosis at the L3-4 with neurogenic claudication and bilateral lower extremity radiculopathy, myoligamentous strain/sprain to the bilateral shoulders and right hand sprain/strain. The past surgical procedures included a status post anterior cervical discectomy and fusion at the C4-5 and C5-6 dated 12/24/2013. The past treatments included physical therapy. The MRI of the lumbar spine dated 07/30/2013 revealed bilateral recess stenosis at the L2-3 and possible impingement of the transversing L3 nerve root, severe spinal canal stenosis at the L3-4 with impingement of all transversing nerve root, a disc protrusion measuring 8 mm at the L3-4, mild spinal canal narrowing with a wide based disc protrusion measuring of 5 mm at the L4-5. The objective findings dated 06/20/2014 revealed a well-healed incision at the cervical spine with decreased range of motion. The motor strength revealed upper extremity weakness of the wrist extensors bilaterally. The examination of the lumbar spine revealed a positive straight leg raise bilaterally. The medications included topical patches and Norco. The injured worker reported a pain level of 7/10 using the visual analog scale (VAS). The treatment plan included a lumbar epidural steroid injection at the L3-4, Norco 10/325 mg for pain, topical creams and follow-up. The Request for Authorization dated 08/04/2014 was submitted with documentation. No rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10/325 mg 30 is non-certified. 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 including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes, the injured worker is in physical therapy and it was noted that he has showed improvement. However, no physical therapy documentation was provided. The documentation did not include the activities of daily living, adverse side effects or aberrant drug taking behavior. The request did not address the frequency. As such, the request for Norco 10/325 mg #30 is not medically necessary.