

Case Number:	CM14-0122345		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2002
Decision Date:	09/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 64-year-old male who reported an injury on 08/06/2002 due to an unspecified cause of injury. The injured worker had a history of lower back pain. The injured worker had diagnoses of failed back surgery syndrome and lumbar radiculitis. The injured worker's past surgeries included and status post implantation of a spinal cord stimulator, and times two lumber surgeries. The electromyogram/neuro conductive studies of the bilateral lower extremities dated 01/05/2010 revealed left peroneal neuropathy with possible entrapment to the fibular neck may be secondary to lumbar radiculopathy. The actual cardiogram was incomplete and hence cannot confirm if lumbar radiculopathy; clinical, and radiological correlation recommended. Past treatments cold therapy unit, lumbar support back braces, lumbar exercise kit and interferential unit with supplies. The MRI of the lumbar spine dated 06/27/2005 revealed L2-3 with 1 mm central and lateral disc protrusions, L3-4 with 2 to 3 mm central disc protrusions right greater than the left, and L4-5 no spinal stenosis or foraminal narrowing. The objective findings stated 06/17/2014 of the lumbar spine revealed paravertebral muscle spasm with tenderness to the lower lumbar region, straight leg raise was positive, tenderness over the lumbar spine at the L4-5 and S1, no sciatic notch tenderness, there was a 5 to 6 cm incision. The range of motion revealed forward flexion of 48 degrees, extension of 12 degrees, bilateral bend of 15/25 degrees, and bilateral rotation measures of 30/30 degrees. The station and gait revealed ambulation with a limp to the lower right extremity. The exam also revealed diminished sensation on the L4-5 dermatomes, deep tendon reflexes at the knee jerk +3 bilaterally, and ankle at 3 bilaterally. The medications included Norco 10/325 mg, Ambien, trazodone 50 mg, gabapentin 300 mg, FluriFlex, and TG Ice. The treatment plan included Norco 10/325 mg. The rationale was not provided. The Request for Authorization was not 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 (non-specific amount): 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; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10/325 mg (non-specified amount) 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 four A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, it was not evident that the injured worker showed any efficacy or functional improvement from taking the Norco. The objective findings revealed good flexion, extension, and strength. The injured worker had a spinal cord pump in place. The request did not indicate the frequency or the duration. Therefore, the request is not medically necessary.