

Case Number:	CM14-0123471		
Date Assigned:	09/16/2014	Date of Injury:	07/01/2010
Decision Date:	10/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 07/01/2010 and reportedly sustained injuries to his lower back after lifting a heavy metal file cabinet weighing approximately 100 pounds. The injured worker's treatment history included medications, physical therapy, chiropractic therapy, and acupuncture sessions. The injured worker had undergone an L4-5 Microdiscectomy in 2011 that provided a good 6 months of relief, and 2 lumbar epidural steroid injections. The injured worker was evaluated on 08/19/2014 and it was documented that the injured worker complained of headaches and low back pain. He reported the pain was associated with weakness and giving way in his legs; numbness and tingling in the foot and lower extremity and swelling in the lower back. The pain radiated into the thighs, knees, legs, feet, and bilateral lower extremities. He reported that overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, and waking aggravated his symptoms. The injured worker stated he stretched and did home exercises. He was still seeing other pain management. He was currently off work. He reports that L4-5 extreme lumbar interbody fusion, posterior decompression, and fusion which was denied twice last year. The physical examination of the lumbar spine revealed there was tenderness to palpation noted. The seated straight leg raise test was positive bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, and bilateral bending. Range of motion was restricted due to pain and spasm. The injured worker had a urine drug screen on 06/17/2014 that was negative for Hydrocodone. Diagnoses included lumbar disc herniation with myelopathy, lumbar myalgia, lumbar myospasm, lumbar radiculopathy, dizziness, headaches, and status post lumbar epidural steroid injections X 3. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had a urine drug screen on 06/19/2014 that was negative for opioid usage. There were no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request submitted for review failed to include frequency and duration of medication. The injured worker was evaluated on 08/19/2014; however, the provider failed to indicate VAS measurements while the injured worker was utilizing Norco 10/325 mg. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.