

Case Number:	CM14-0133023		
Date Assigned:	08/22/2014	Date of Injury:	04/17/2014
Decision Date:	10/01/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 27-year-old male with a reported date of injury of 04/17/2014. The mechanism of injury occurred when the injured worker was driving a forklift in reverse and hit a ramp, resulting in low back pain. The injured worker's diagnoses included head injury, neck sprain, lumbar sprain, and low back pain. Previous treatments included heat pack, medications, occupational therapy, TENS and chiropractic care. The injured worker's diagnostic testing included a CT of the head, a CT of the neck, an X-ray of the back, an X-ray of the thoracic spine, MRIs of the lumbar and thoracic spine, an MRI of the lumbar spine on 05/08/2014, and a urine drug screen which was performed on 05/22/2014 and was negative. No pertinent surgical history was provided. The injured worker was seen on the date of the injury and reported neck and "all-over" back pain rated as 10/10, with left anterior lateral thigh numb and painful. The clinician observed and reported tenderness to palpation to the neck and back, extremities with tingling in the left lateral thigh and feels pinch when surprised. On 05/09/2014, the injured worker complained of continued pain that radiated to his neck and caused a headache, and the clinician reported paravertebral muscle tenderness. The injured worker was evaluated on 05/14/2014 and reported back pain with weakness, numbness and radiation to the gluteal muscle, left leg, and neck. The clinician observed and reported the injured worker was using a walker and limping, decreased strength with dorsiflexion and plantar flexion of foot, and decreased sensation to left lower extremity. On 05/22/2014 the injured worker was seen for pain management with no change in described pain and reported he had avoided going to work, exercise, household chores, sex and self-care due to pain. The injured worker was prescribed Tramadol. On 06/18/2014 the injured worker reported pain rated 9/9 at the office visit. The injured worker noted at best his pain was rated 8/9 and at worst it was rated 10/10. As of 07/03/2014, the injured worker reported no significant change in pain level with physical therapy and home exercise program.

In a letter dated 07/03/2014, the clinician reported that Hydrocodone and Ibuprofen "helped". The injured worker was seen in the emergency department on 08/01/2014 and prescribed Norco 5/325mg #20 for lower back pain reported as 9/10. The injured worker's medications included Ibuprofen, Norco, Flexeril, Ketorolac 40mg intramuscularly on 04/28/2014, and Tramadol ER 150mg once daily as needed. The request was for Norco 10/325 #60 with 0 refills for the treatment of displacement of lumbar intervertebral disc. The request for authorization form was submitted on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60 with 0 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The request for Norco 10/325 #60 with 0 refills is not medically necessary. The injured worker's reported injury was on 04/17/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state that the use of opioids for chronic (greater than 90 days) back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy (greater than 16 weeks) is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The injured worker has used Norco/Hydrocodone for greater than sixteen weeks following the injury. The provided documentation did not include objective findings of decreased pain or increased functional improvement while taking the Norco. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. A urine drug screen was performed on 05/22/2014 and was negative for Hydrocodone. Additionally, no frequency of dosing was indicated with the request. Therefore, the request for Norco 10/325 #60 with 0 refills is not medically necessary.