

Case Number:	CM14-0152053		
Date Assigned:	09/22/2014	Date of Injury:	12/01/2012
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 12/01/2012 after assisting a client to the bathroom. The current diagnoses include L4-5 moderate to severe left foraminal narrowing, L5-S1 moderate bilateral foraminal narrowing, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain/strain. Previous conservative treatment is noted to include medication management. The current medication regimen includes trazodone, tamoxifen, Norco 10/325 mg, Ultram 50 mg, and Elavil 25 mg. The injured worker was evaluated on 09/17/2014. Physical examination revealed tenderness to palpation of the left paraspinal muscle overlying the L3-S1 facet joints, tenderness to palpation over the left knee, restricted lumbar range of motion, positive straight leg raising on the left, limited left knee range of motion, tenderness to palpation of the medial and lateral joint lines, locking and clicking of the left knee, diminished left quadriceps strength, and decreased sensation in the left lower extremity. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2014. Although it is noted that the medication provides a 60% decrease in the injured worker's pain with a 60% improvement in activities of daily living, there is no objective evidence of functional improvement. There is no documentation of a significant change in physical examination that would indicate functional improvement. There is also no frequency listed in the request. As such, the request for Norco is not medically necessary.