

Case Number:	CM14-0170131		
Date Assigned:	10/20/2014	Date of Injury:	03/11/2002
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine, and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 03/11/02 when, while working as a foreman and lifting large rocks weighing up to 90 pounds, he turned and felt pain in the lumbar spine. Treatments included medications and physical therapy. He was able to return to modified work and continued to work until December 2011. He underwent an L4-5 lumbar decompression and fusion on 04/17/13. Treatments included postoperative physical therapy. Overall, the surgery is referenced as not having helped. An MRI of the lumbar spine on 02/04/14 showed expected postoperative findings. He was seen by the requesting provider on 09/24/14. Lumbar discography was pending. He was having ongoing back pain radiating into both lower extremities. Pain was rated at 8/10 without and 6.5/10 with medications. Physical examination findings included paraspinal muscle tenderness. There was decreased range of motion with decreased right lower extremity sensation. Straight leg raising on the right was positive. Norco 10/325 mg #120 and Protonix 20 mg #60 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use(2) Opioids Page(s): 76-80.

Decision rationale: The claimant is more than 10 years status post work-related injury and underwent a lumbar spine fusion in September 2013 without reported improvement. Treatments included post-operative physical therapy. He is being evaluated for possible additional surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.