

Case Number:	CM14-0020480		
Date Assigned:	04/30/2014	Date of Injury:	09/02/2005
Decision Date:	07/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 57-year-old male patient with a 9/2/05 date of injury. A 04/29/14 progress report indicates unchanged pain complaints, poor quality of sleep, and the patient is not trying any other therapies for pain relief. The physical exam demonstrates limited lumbar range of motion, surgical scars, positive lumbar facet loading bilaterally, trigger points and twitch response is over the lumbar paraspinals bilaterally. There is left extensor hallucis longus (EHL) muscle weakness and left hip flexor weakness. There is decreased sensation to light touch over the lateral calf on the left side. A 04/1/14 progress report indicates unchanged pain complaints, poor quality of sleep. The physical exam demonstrates limited lumbar range of motion, surgical scars, positive lumbar facet loading bilaterally, trigger points and twitch response is over the lumbar paraspinals bilaterally. There is left EHL weakness and left hip flexor weakness. There is decreased sensation to light touch over the lateral calf on the left side. A 12/10/13 progress report indicates unchanged pain complaints, poor quality of sleep. The physical exam demonstrates limited lumbar range of motion, surgical scars, positive lumbar facet loading bilaterally, trigger points and twitch response is over the lumbar paraspinals bilaterally. There is left EHL weakness and left hip flexor weakness. There is decreased sensation to light touch over the lateral calf on the left side. The patient is taking his medications as prescribed, he reports no side effects, and no medication abuse is suspected. The patient continues to have tooth pain. The patient has been able to taper his medications and has now discontinued MS Contin, Zanaflex, and Colace. The treatment to date has included physical therapy, TENS unit, and activity modification. The patient has been taking Norco at these since January 2009. The most recent progress report indicated that the patient's pain level has increased since the prior visit, back pain has increased on the left leg, and the activity level has remained the same. There is documentation of a previous 2/11/14 adverse determination for lack of significant benefit with previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines and the Official Disability Guidelines (ODG), Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, an opioid utilization timeline was not established as the patient has a 2005 date of injury. The most recent medical reports demonstrate a pattern of pain increase; efficacy of Norco therapy was not assessed or demonstrated. While it is noted that the patient was subsequently weaned off of MS Contin, there is no established benefit with Norco to justify the continuation of an apparent long-term narcotic management. Therefore, the request is not medically necessary.