

Case Number:	CM14-0022484		
Date Assigned:	05/09/2014	Date of Injury:	10/23/2003
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 employee is a 60-year-old gentleman who sustained a work-related injury on October 23, 2003. The injured employee was seen most recently on December 2, 2013 and complained of chronic low back pain. The medical history was significant for an anterior and posterior lumbar fusion performed in 2007. However, the injured employee currently complains of low back pain radiating into the left leg with numbness and tingling. Current medications were stated to include Hydrocodone, ibuprofen, Cyclobenzaprine, Amlodipine, and Lidoderm patches. The physical examination on this date noted decreased lumbar flexion and extension and tenderness in the lumbosacral area muscle spasms. There was decreased sensation on the outside of the left by and calf as well as the top and bottom of the left foot. Decreased sensation along the top and lateral aspect of the right foot was also noted. CT of the lumbar spine dated October 12, 2013 noted disc bulging at the L4-L5 level with mild spinal stenosis and spondylosis at the L4-L5 level. Treatment plans on this date included an epidural steroid injection. There is a diagnosis of lumbar post laminectomy syndrome with ongoing chronic radiculopathy and chronic pain. Norco and Lidoderm patches were prescribed. It was stated that the injured employee's pain level has improved previously with the use of muscle relaxants, anti-inflammatories, and opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5-325 MG #120 THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids for chronic pain Page(s): 80.

Decision rationale: Although the most recent medical record does indicate that the injured employee has received pain relief with muscle relaxants, anti-inflammatories, and opiates, it is not specified which of these medications in particular has provided the best relief. The Chronic Pain Medical Treatment Guidelines specifically recommend the use of first-line agents such as antidepressants for chronic neuropathic pain. As the injured employee has subjective symptoms and object of findings of lower extremity radicular symptoms a trial of antidepressants should be tried prior to considering opioids for pain control. Therefore, the request is not medically necessary.

IBUPROFEN 800 #90, THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the usage of anti-inflammatory medications for short-term symptomatic relief of chronic low back pain. However, the dosage requested is for 800mg of ibuprofen, the maximum dose. It is not clear in the attached medical record if pain relief could be achieved with a 200mg or 400mg dose of ibuprofen. These lower dosages should be tried first prior to prescribing the maximum dosage of this medication. Therefore, the request is not medically necessary.