

Case Number:	CM14-0028649		
Date Assigned:	06/16/2014	Date of Injury:	06/20/2011
Decision Date:	07/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology and is licensed to practice in Texas. 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 53 year old male who had work related injury on 06/20/11. He was lifting a load of base boards, weighing approximately 50 pounds into a truck, when he felt a snapping sensation in his low back. He had immediate onset of low back pain. He continued to work until he could no longer handle the pain. He received physical therapy, acupuncture, chiropractic treatment which did not fully alleviate his pain and MRI x-ray of the lumbar spine was obtained. The patient reported that he had undergone spinal surgery in 1999. X-ray of the lumbar spine included flexion/extension views dated 05/17/12 so cervical fusion at L4-5. Mild facet arthrosis L3 L4 and L4 L5. Mild atherosclerosis of the abdominal aorta. Neurodiagnostic study dated 06/22/12 negative study. Discography dated 04/19/13 negative L2-3 discogram. Negative L3-4 discogram. Positive L5-S1 discogram with severe concordant pain and moderate disc degeneration. The injured worker underwent extensive physical therapy and also had psychiatric evaluation and was currently being seen and treated for major depression, panic disorder with agoraphobia. His diagnosis was L5-S1 degenerative disc disease. Status post L4-5 fusion. Bilateral lumbar radiculopathy. The injured worker had several urine drug screens which were inconsistent with prescribed therapy. Physical examination tenderness to palpation left sacroiliac joint. Flexion/extension lateral bending and rotation all decreased secondary to pain. The injured worker had a slow gait. Straight leg raise low back pain bilaterally. Negative Trendelenburg. Detailed sensory examination of the lower extremities testing dermatome L1 through S1 was normal except for diffuse sensation of left lower extremity. Detailed motor examination of lower extremities testing roots from L1 to S1 was normal with all muscle groups testing L5 testing 5/5. Request was for Norco 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid's.

Decision rationale: The request for Norco 10mg (amount not indicated) is not medically necessary. The clinical documentation does not support the request for Norco 10/325. The injured worker had several urine drug screens which were inconsistent with prescribed therapy. No documentation of functional improvement. There is no amount on the request for Norco 10/325. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.