

Case Number:	CM14-0030780		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2000
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 a work related injury on 09/12/2000. The mechanism of injury is not documented. Diagnoses of low back pain, history of lumbar sprain/strain with degenerative joint disease per imaging studies are noted. The injured worker was seen by a treating physician and has been following a home exercise program, as well as occasional manipulative therapy. Norco 10/325 on tablet, three times daily (TID) as needed for pain, ibuprofen, as well as Flexeril one daily, as needed for back spasm. The injured worker has also utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Most recent note dated 02/10/14 notes on physical examination there is limited range of motion with flexion to 30 degrees, extension to 10 degrees. Bilateral straight leg raising is 80 degrees, causing left sided back pain that radiates to the left buttocks and posterior thigh. He ambulates with a limp. Deep tendon reflexes are 1+ at the knees and ankles. Toes are downgoing. The injured worker rates his pain as 9/10 on average, 7/10 with medications, and worst is 10/10 without medication. He does state that the ibuprofen 800 mg tablets 2-3 every day is helpful at times. There is no urine toxicology submitted for review, as well as documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 10/325mg #90: Upheld

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

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

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The clinical documentation submitted for review does not support the request. The injured worker rates his pain as 9/10 on average, 7/10 with medications, and worst is 10/10 without medication. It is noted, that ibuprofen 800 mg tablets 2-3 every day is helpful at times. There are no urine toxicology submitted for review, as well as documentation of functional improvement. As such, medical necessity has not been established, therefore is not medically necessary.