

Case Number:	CM14-0034219		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2003
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 50-year-old who reported an injury on July 12, 2003. The mechanism of injury was not provided within the medical records. The clinical note dated May 21, 2014 indicated diagnoses of lumbar post-laminectomy syndrome, spinal/lumbar degenerative disc disease, and low back pain. The injured worker reported back pain that radiated from the low back down the left leg. Physical examination of the lumbar spine, revealed spinal cord stimulator on the left side of the lumbar area. The injured worker's range of motion was decreased. On palpation of the paravertebral muscles there was tenderness noted on both sides. The injured worker's heel and toe walk was normal. Motor strength on the left was 4/5; light touch sensation was decreased over the lateral calf and lateral thigh on the left side. The injured worker reported with Norco, pain level was reduced from 6/10 to 2/10. The injured worker was able to perform light cleaning duties at home including laundry and dishes and cooking. He was able to take the dog out for walks. With medication, he is able to stand about an hour without medications. He could only stand for a few minutes due to pain. The injured worker reported pain is more tolerable with Norco so he can enjoy social activities with family and friends. Prior treatments included diagnostic imaging, epidural steroid injections, and medication management. The injured worker's medication regimen included Cymbalta, trazodone, and Norco. The provider submitted request for Norco. A request for authorization dated May 6, 2014 was submitted for Norco; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker continued to report pain; Norco should be used for a short period of time. The injured worker has been prescribed Norco since at least September 13, 2013. This exceeds the guideline's recommendation of short-term use. In addition, there is lack of evidence of a urine drug screen. Furthermore, the documentation submitted did not indicate the injured worker had a signed pain contract. Furthermore, the request did not indicate a frequency for the medication. The request for Norco 10/325mg, ninety count, with one refill, is not medically necessary or appropriate.