

Case Number:	CM14-0036186		
Date Assigned:	06/25/2014	Date of Injury:	11/17/2011
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 worker is a 62-year-old female who was reportedly injured on November 17, 2011. The mechanism of injury is noted on the January 6, 2014 progress note. The claimant indicates that plants were being lifted up from the ground for about 1.5 hours and there was a sudden onset of pain. The most recent progress note, dated January 14, 2014 documents that there are ongoing complaints of low back pain. The physical examination demonstrated ambulation with the assistance of a cane, moderate spasm in the lumbar paraspinal muscles, limited lumbar range of motion and pain located over the lumbar spinous processes. Additionally, the clinician notes weakness in both lower extremities, but indicates that this individual has severe polyneuropathy in both lower extremities that is being handled by private insurance. No documentation is given in this note indicating what current medications are being utilized. A previous document dated January 6, 2014 indicates the current medications include omeprazole, trazodone, Norco, oxycodone, Lexapro, pravastatin, and alprazolam. A magnetic resonance image of the cervical spine was obtained on January 17, 2014. The study documents disc protrusion at C6-C7 resulting in mild to moderate left side neuroforaminal narrowing and disc desiccation at C5-C6 causing right neuroforaminal narrowing and mild spinal stenosis. Previous treatment includes 30 tablets of Norco 5/325 mg and was not certified in the pre-authorization process on February 3, 2014. The reviewer indicated that there is no documentation of objective functional gains or indication that a recent urine drug screen has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) lays out specific criteria that should be met for continuing opioid management including documentation of improved pain and/or objective functional improvement. Based on the clinical documentation provided, the claimant had persistent pain despite being on 2 narcotics, Norco and OxyContin. Given the lack of documented functional improvement in the chronicity at this point the request is not supported by the CAMTUS. As such, this request is considered not medically necessary.