

Case Number:	CM14-0042468		
Date Assigned:	06/30/2014	Date of Injury:	10/05/2009
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/08/2014

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 New York and 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 60 year old male who reported an injury to his low back. The operative report dated 08/21/12 indicated the injured worker undergoing epidural steroid injection in the lumbar spine at the right of the S1. A clinical note dated 08/27/12 indicated the injured worker utilizing vicodin for pain relief. The injured worker continued to rate the pain 8/10. The injured worker demonstrated 30 degrees of lumbar flexion. A clinical note dated 10/08/12 indicated the injured worker continued with vicodin for pain relief. The injured worker continued with range of motion deficits throughout the lumbar spine including 30 degrees of flexion and 10 degrees of extension. The injured worker also continued to report 8/10 pain. A clinical note dated agreed medical evaluation dated 11/26/13 indicated the injured worker continuing with lumbar spine pain. The injured worker reported short term benefit following injections. A clinical note dated 01/06/14 indicated the injured worker continuing with 7-8/10 pain with continued range of motion deficits and the use of Vicodin. Utilization review dated 03/11/14 resulted in partial prove for use of Norco as the injured worker was recommended for weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, QTY: 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page 77 Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this medication is recommended as medically necessary at this time.