

Case Number:	CM14-0056891		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2012
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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, and is licensed to practice in California. 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 49-year-old male who reported an injury 05/03/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 01/31/2014, indicated a diagnoses of lumbar strain, herniated nucleus pulposus, left lower extremity with radiculitis/radiculopathy, status post epidural injection times 1 with transient relief, and left inguinal hernia repair dated 06/15/2012. The injured worker reported pain in the lower back with radicular symptoms into the legs. On physical exam of the lumbar spine range of motion revealed flexion of 50 degrees, extension of 20 degrees, lateral bending on the right 20 degrees and on the left 20 degrees. The injured worker had tightness in the lumbar paraspinals musculature. The injured worker's reflexes of the ankle on the right were 1+ and on the left 1+. The injured worker had weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. There was hypoesthesia in the anterolateral aspect of the foot and ankle of incomplete nature bilaterally. The injured worker reported medication had been of benefit. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Ultram, Anaprox, and Prilosec. The provider submitted a request for Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/ 325mg #120 with 1 refill: Upheld

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

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

Decision rationale: The request for Norco 10/ 325mg #120 with 1 refill is not medically necessary. The California MTUS 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. There was no documentation of efficacy and functional improvement with the use of this medication. In addition, there is no significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.