

Case Number:	CM14-0057239		
Date Assigned:	07/09/2014	Date of Injury:	04/03/2013
Decision Date:	10/08/2014	UR Denial Date:	04/18/2014
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 Anesthesiology, has a subspecialty in Pain 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 28 year old male who reported an injury to his low back on the 4/23/13. The mechanism of injury is listed as when loading a slotted wall onto the bed of a flatbed truck resulting in low back pain. The utilization review dated 04/18/14 resulted in a denial for the continued use of Norco as well as protonix to be insufficient information submitted confirming the medical need for these medications. The request for Norco had been modified in order to assist the injured worker's avoiding withdrawal symptomatology. The clinical note dated 02/10/14 indicates the injured worker complaining of tenderness upon palpation at the upper, mid and lower paravertebral musculature. The note indicates the injured worker able to demonstrate 25 degrees of lumbar flexion with 20 degrees of bilateral lateral bending and 20 degrees of bilateral rotation. Electrodiagnostic studies completed on 11/04/13 revealed no findings consistent with radiculopathy or neuropathy. The CT scan of the lumbar spine dated 11/11/13 revealed degenerative osteoarthritic changes at the SI joint as well as at the L5-S1 level. The incident occurred on 04/03/13. The injured worker rated the pain as 7-8/10 at that time. Radiating pain was identified into the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Non-Steroidal Anti-Inflammatory dru.

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

Decision rationale: As noted on page 77 of current guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 5/325 mg #60 cannot be established at this time.