

Case Number:	CM14-0079419		
Date Assigned:	07/18/2014	Date of Injury:	08/18/2010
Decision Date:	09/23/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 38 year old male injured on 08/18/10 while moving cages resulting in low back pain. Diagnoses included low back pain and lumbar radiculitis. Clinical note dated 04/15/14 indicated the injured worker presented complaining of low back pain radiating to lower extremities, left greater than right. The injured worker reported decrease in back pain following gym exercises. Objective findings included straight leg raise positive on the left and equivocal on the right and tenderness to palpation in the low paralumbar muscles. Medications included Norco 2.5/325mg one tablet BID, naproxen 550mg one tablet BID, Salonpas spray BID, and Biofreeze gel. Treatment plan included continuation of medication as prescribed, home exercise program, and arrangements for gym membership. Initial request for Norco 2.5/325mg #60 for the lumbar spine was non-certified on 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Opioids for chronic pain; Topical Analgesics Page(s): 70, 80-81, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment 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. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 2.5/325mg #60 for the lumbar spine cannot be recommended as medically necessary at this time.