

Case Number:	CM14-0083315		
Date Assigned:	07/21/2014	Date of Injury:	12/02/2010
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational Medicine 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 patient is a 52 year old male who was injured on 12/01/2010. The mechanism of injury is unknown. Prior treatment history has included steroid injection which offered him relief for 3 months. He has had triple blocks x2 with temporary relief, 2 sessions of physical therapy. He did not receive benefit from chiropractic treatments. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/05/2013 revealed moderate degenerative disk disease at L4-L5 with a central and left herniated nucleus pulposus with left nerve root compression. He has mild L3-4 degenerative disc disease. Visit note dated 01/27/2014 states the patient complained of severe back pain. He rated his pain as an 8/10. His examination revealed forward flexion to about 30 degrees; right and left straight leg raise to 80 degrees causing back pain on the left side that radiated into the left buttock and posterior thigh. Muscle spasms were present in the lumbar trunk. Diagnoses are disc herniation at L4-L5 with left leg radicular symptoms. History of SI joint dysfunction, piriformis syndrome, and facet-mediated pain, improved with previous triple block injection. The injured worker has a history of right knee pain and left foot pain of unknown etiology. The patient's Norco 10/325 mg was refilled #60. Neuro visit dated 04/04/2014 states the patient presented as a referral for his low back pain. He reported he has occasional shooting pain down the left lower extremity with constant parasthesia in the top of his left foot. He stated bending and lifting makes the pain worse. On exam, he has decreased range of motion. His strength is 5/5 in the lower extremities bilaterally. He has numbness in the top of the left foot but normal sensation. Deep tendon reflexes are 2+ in the right ankle and bilateral knees and 0 in the left ankle. Straight leg raise is negative bilaterally. He is able to heel and toe walk. On assessment, he is noted to have lumbar radiculopathy. Prior utilization review dated 05/22/2014 states the request for 60 Tablets of Norco 10-325mg is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Norco.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Long-term use, though controversial, may be warranted if efficacy is demonstrated. Long-term efficacy, over 16 weeks, is not clear for chronic low back pain. There are no trials of long-term use for neuropathic pain. This is a request for 60 tablets of Norco for a 52-year-old male with chronic low back pain and left-sided radiculopathy corroborated by lumbar MRI. There are reports of functional improvement and pain reduction due to use of Norco, but no objective evidence of clinically significant functional improvement or reduction in dependency on medical care. The patient has ongoing complaints of severe pain. He is not working. Medical necessity is not established.