

Case Number:	CM14-0084064		
Date Assigned:	07/21/2014	Date of Injury:	02/10/2012
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
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 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:

According to the records made available for review, this is a 48-year-old male with a 2/10/12 date of injury, who is status post L4-L5 micro discectomy 8/23/12. At the time (5/21/14) of request for authorization for Norco 10-325mg #60, 1 refill and Naproxen 550mg #30 1 refill, there is documentation of subjective complaints of lumbar pain 7/10 with occasional pain radiating down his right leg and objective findings of decreased range of motion over the well-healed surgical scar midline, tenderness to palpation, antalgic gait, decreased strength on left versus right, deep tendon reflexes +1 bilaterally, and decreased sensation on the left with no atrophy of the calf musculature. Current diagnoses are postsurgical state-laminectomy and radiculopathy-left and treatment to date has consisted of medications including ongoing treatment with Norco and Naproxen. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of postsurgical state-laminectomy and left radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10-325mg #60, 1 refill is not medically necessary.

Naproxen 550mg #30 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of postsurgical state-laminectomy and radiculopathy-left. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg #30 1 refill is not medically necessary.