

Case Number:	CM14-0086002		
Date Assigned:	07/23/2014	Date of Injury:	08/28/1998
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 Illinois. 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 53-year-old male who reported an injury after throwing a rock with a twisting motion. The injured worker experienced severe low back and neck pain on 08/28/1998. The Clinical note dated 06/18/2014 indicated diagnoses of post laminectomy syndrome of the cervical region, chronic pain syndrome, degenerative lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, post laminectomy syndrome of the lumbar region, other testicular hyper function, major depressive disorder single episode, other specified gastritis without mention of hemorrhage, generalized anxiety disorder, nausea, unspecified constipation, depression disorder not elsewhere classified, slow transient constipation, abdominal tenderness, displacement of cervical intervertebral disc without myelopathy and chronic depression personality disorder. The injured worker reported pain across his neck and into his left shoulder rated 2/10. He also reported pain in his mid-back and pain in his lower back and pain across the left lower back area into left outer upper leg rated 3/10. He also reported numbness to upper and outer left leg. The injured worker attended 1 acupuncture session and reported he had 5 visits that remained. The injured worker reported that the first visit was beneficial. He also reported that he utilized the narcotic pain medications, Norco and Methadone and denied any ill side effects from those medications. He also utilized medications for depression. The injured worker reported his worse pain score was 6/10, least pain score was 1/10, usual pain was 4/10. The injured worker had a narcotic agreement that was signed. Upon physical examination, the injured worker had restrictive range of motion to his neck and it was painful at extremes. The physical examination of the spine revealed muscle spasms. The injured worker's straight leg raise was positive on the left for lower back pain only and there was facet tenderness on the left lumbar facet. The injured worker had a facet loading test that was positive bilaterally. The injured worker's spine extension was restricted and painful

and reported decreased sensation to the left C7. The injured worker reported numbness to the left leg. The physician noted the injured worker's mood showed anger and hostility when asked if he had seen his family. The plan for the individual was to continue the use of Norco, Buspar, and Naproxen, as well as have an Electrocardiogram completed. The injured worker's prior treatments included diagnostic imaging, surgery, and physical therapy with medication management. The injured worker's medication regimen included Norco, Omeprazole, Buspar, Naproxen, Fortesta, Sertraline, Methadone, and Compazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG 1 TABLET AS NEEDED FOR PAIN Q4H PRN, #120, 0 REFILLS, FOR THE SUBMITTED DIAGNOSES POST LUMBAR (LOWER BACK) LAMINECTOMY SYNDROME AND POST CERVICAL (NECK) LAMINECTOMY SYNDROME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: 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." Although the injured worker reports that his pain is better, the injured worker reports functionality is worse. In addition, the Official Disability Guidelines states that, "dosing not exceed 120 mg oral morphine equivalence per day." The combined dosing of methadone and Norco exceeds 560 mg per day. Therefore, this exceeds the guideline recommendations and the request for Norco is not medically necessary.