

Case Number:	CM13-0040925		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2012
Decision Date:	08/10/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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, who sustained an industrial injury on 04/26/2012. He has reported injury to the low back. The diagnoses have included lower back pain with right lower extremity radiating pain; lumbar spondylosis L4 bilaterally with grade I spondylolisthesis; lumbar disc displacement; and L4-5 instability/herniated nucleus pulposus. Treatment to date has included medications, diagnostics, epidural steroid injection, chiropractic therapy, and physical therapy. Medications have included Norco, Fexmid, Anaprox-DS, Ultram, Dendracin topical lotion, and Prilosec. A progress note from the treating physician, dated 09/12/2013, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; pain is rated at 9/10 on the pain scale; ambulation remains difficult; physical therapy, chiropractic, and epidural steroid injection have not been helpful; and he has not been able to return to work. Objective findings included weakness (4/5) and numbness on the right at L5; straight-leg raise and bowstring are positive on the right; antalgic gait; positive lumbar tenderness; and lumbar spine range of motion decreased about 75%. The treatment plan has included the request for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Opioids for Chronic Pain Page(s): 78-80 and 80-82.

Decision rationale: The requested Norco 10/325MG #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain; pain is rated at 9/10 on the pain scale; ambulation remains difficult; physical therapy, chiropractic, and epidural steroid injection have not been helpful; and he has not been able to return to work. Objective findings included weakness (4/5) and numbness on the right at L5; straight-leg raise and bowstring are positive on the right; antalgic gait; positive lumbar tenderness; and lumbar spine range of motion decreased about 75%. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325MG #90 is not medically necessary.