

Case Number:	CM14-0188170		
Date Assigned:	11/18/2014	Date of Injury:	06/12/2012
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The injured worker has a date of injury of 6/12/12. She is being treated for diagnosis of L5-S1 disc protrusion with lumbosacral radiculopathy. She is noted to be having a pain exacerbation on 7/22/14. Past treatment has included lumbar epidural steroid injection with significant relief. She is currently being prescribed Etodolac 400mg and Norco 10/325 with the pain level report of 7-8 out of 10 at worst. Physical exam is significant for positive straight leg raise testing, pain with lumbar flexion and extension and diminished sensation to the left lateral calf and right lateral foot. Spine surgery consultation is planned. The patient is reporting persistent pain in the lumbar spine with radiation to the left lower limb. On 10/22/14 request was made for Norco 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, three times a day, # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 77-88.

Decision rationale: The injured worker is being treated for exacerbation of lumbar radiculopathy initially responsive to epidural steroid injections. Records indicate that spine surgery evaluation has been requested. The treating physician indicates the patient has been demonstrating some pain improvement with Etodolac and Norco without specifying a pain score or percentage. Utilization review denial for Norco #120 indicates lack of functional improvement documentation. The treating physician however has adequately demonstrated extenuating circumstances in that the patient has moderately severe pain and is awaiting surgical consultation after being unresponsive to conservative measures. In addition, the dosage requested does not exceed the 120mg oral Morphine equivalents recommended by the MTUS. Request for Norco #120 is medically necessary.