

Case Number:	CM14-0196962		
Date Assigned:	12/05/2014	Date of Injury:	07/21/1995
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain medicine and acupuncture 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 is a 54-year-old male, with a reported date of injury of 07/21/1995. The result of the injury was low back pain. The diagnoses include lumbar degenerative disc disease, post lumbar laminectomy syndrome, lumbar radiculopathy, and piriformis syndrome. Treatments have included Lyrica, Norco 10/325mg #120 for pain, cyclobenzaprine, and MRI of the spine on 03/19/2013, which showed mild bilateral neural foraminal narrowing at L4-L5 and L5-S1, and mild degenerative disc disease with a 2mm disc bulge at L3-L4; physical therapy for the low back; an x-ray of the lumbar spine; left thoracic paraspinal trigger point injection; x-ray of the thoracic spine; spinal cord stimulator replacement; electromyography/nerve conduction study; and computerized tomography (CT) scan of the lumbar spine. The medical records include the physical therapy reports of eight (8) visits made from 09/04/2014 to 09/24/2014. The medical report dated 10/23/2014 indicates that the injured worker complained of low back pain, which radiated down both legs. The injured worker's pain level had decreased since the last visit. He denied any new problems or side effects. The injured worker admitted that his quality of life had improved, his activity level had increased, his sleep had improved, and that the medications were working well. He stated that his pain had improved with physical therapy. The injured worker had completed 11 out of 12 physical therapy visits. The physical examination showed restricted range of motion of the lumbar spine with pain; and tenderness and tight muscle band on palpation of the paravertebral muscles. The treating physician indicated that the injured worker had been on Norco for over fifteen (15) years, and required this medication for his function. Without medications, the injured worker's pain is rated 8-9 out of 10, and with medications, his pain is rated a 5-6 out of 10. On 11/06/2014, Utilization Review (UR) denied the request for Norco 10/325mg #120, one (1) tablet every 4-6 hours, as needed. The UR physician cited the

MTUS Guidelines and noted that the injured worker had a refill of the medication dispensed on 10/23/2014; therefore, the need for an additional refill was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, 1 tab every 4-6 hours PRN (max 5/day) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 61,78.

Decision rationale: Progress notes from 8/14 and 9/14 indicated that 120 Norco pills were dispensed by the PTP each month. On 10/23/14, an additional 120 pills were dispensed and a prescription was given for another 120 pills. There is no mention as to why there was a prescription given as well as the dispensing, which deviated from the prior two months plans. As the DEA prohibits refills for schedule 2 agents, and the MTUS mandates periodic assessment of function and risk assessment with opiates, the request is not medically necessary.