MAXIMUS Federal Services

Case Number:	CM14-0197438		
Date Assigned:	12/05/2014	Date of Injury:	04/15/2005
Decision Date:	01/22/2015	UR Denial Date:	11/11/2014
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 Family Practice 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:

This is a 59 year old male patient who sustained a work related injury on 4/15/2005. The patient sustained the injury when he was climbing scaffolding when he pulled his low back. The current diagnoses include chronic low back pain, post laminectomy syndrome with residual low back and left lower extremity pain, and nonindustrial condition of atrial fibrillation. Per the doctor's note dated 10/29/2014, the patient has complaints of low back pain that radiates down the left lateral thigh, calf and foot, and on medications pain reducing from 10/10 to 5/10. Physical examination revealed no significant change in objective findings. Physical examination on 9/4/14 that revealed he was sitting in the chair, leaning to the right in an antalgic lean with his left leg extended while in the seated position. The left leg raised reproduces symptoms down the lateral thigh and lateral calf, tenderness in midline from the lumbosacral junction up to about L3 and lumbarparaspinal muscle guarding. The current medication list includes Norco, Naprosyn, Soma and Lidoderm. The patient has had MRI of the low back that revealed neuroforaminal impingement at the left side of L3-4, L4-5 disk protrusion with foraminal stenosis. The patient's surgical history includes back surgery discectomy on December 2006; and lumbar spine surgery in 1989. He had received an epidural steroid injection for this injury. He has had a urine drug toxicology report on 8/29/14 that was consistent for Norco. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 360 that was provided on 10/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Norco 10/325mg is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. Therefore, this request is not medically necessary.