

Case Number:	CM14-0076530		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2007
Decision Date:	01/27/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Management 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:

According to the records made available for review, the injured worker is a 37 year-old male with a date of injury of 10/12/2007. The results of the injury included chronic low back pain. Diagnoses include left lumbar radiculopathy, and status post prior revision lumbar hemilaminotomy at the L5-S1 level on the right. Treatments have included medications, lumbar epidural injections, surgical intervention, and physical therapy. Medications have included Norco , Tramadol, Anaprox, and Vicodin. Surgical interventions performed have included a lumbar decompression in 2012; and a revision right lumbar hemilaminotomy L5-S1 level with excision of scar and fibrotic tissue as well as partial foraminotomy, S1 foramen, L5 foramen, and partial facetectomy, dated 09/30/2013. A progress note from the treating physician, dated 04/22/2014, reported the injured worker to continue to have low back pain. The injured worker reported left lumbar radiculopathy rather than right. This note includes that the surgery has helped the right side, but the left side has gotten progressively worse since the surgery. Physical exam reports diffuse tenderness to the left of the midline thoracolumbar spine, and limited range of motion with positive straight leg raising on the left greater than the right . At this time, work status is noted as being temporarily totally disabled. Request is being made for 1 prescription of Norco 5/325 mg #120. On 05/21/2014, Utilization Review non-certified 1 prescription of Norco 5/325 mg #120. Utilization Review non-certified 1 prescription of Norco 5/325 mg #120 based on the Norco not being medically appropriate at the time, and due to progressively worsening pain, it did not appear that the injured worker benefitted from the use of opioids. The Utilization Review cited California Chronic Pain Medical Treatment Guidelines (2009). Application for independent medical review was made on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of left lumbar radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 7.5/ 325 mg #120 is not medically necessary.