

Case Number:	CM15-0080222		
Date Assigned:	05/01/2015	Date of Injury:	02/21/2014
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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 37-year-old male, who sustained an industrial injury on 2/21/14. He reported initial complaints of right low back, buttock and right leg pain. The injured worker was diagnosed as having lumbar myofascial sprain/strain; right S1 radiculopathy. Treatment to date has included physical therapy; status post lumbar epidural steroid therapeutic injection (3/28/15); urine drug screening; medications. Diagnostics included MRI lumbar spine (4/20/15); EMG/ NCV lower extremities (9/17/14). Currently, the PR-2 notes dated 11/14/14 indicated the injured worker complains of pain in the lower back with radicular symptoms into the right leg that is aggravated by prolonged sitting, standing, walking and lifting. Objective examination notes lumbar spine range of motion flexion 50 degrees, extension 20 degrees, lateral bending bilaterally 20 degrees and straight leg raise +75 degrees bilaterally. There is tightness and spasm in the lumbar paraspinal musculature bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5-S1 dermatome level bilaterally. It is noted weakness with big toe dorsi flexion and plantar flexion bilaterally. Reflexes of the right knee are 2+, left is 2+ and ankles right - absent and left 1+. The provider requested lumbar epidural steroid injections at L4/5 and L5/S1 for therapeutic and analgesic purposes to reduce pain and increase function. This was completed on 3/28/15. His treatment plan also included Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any benefit with no documentation of any pain scale or any objective documentation in pain or function. There is no documentation of long-term plan with current opioid regimen. Norco is not medically necessary.