

Case Number:	CM14-0120147		
Date Assigned:	09/16/2014	Date of Injury:	09/30/2002
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine 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 patient is a 44-year-old male who has submitted a claim for Lumbar Disc Disease and Radiculopathy associated with an industrial injury date of 09/30/2002. Medical records from 2012 to 2014 were reviewed which showed chronic back pain from low back down to both legs, 8/10 with medications and 10/10 without medications. Patient likewise reported that his knee has given out on him a few times. Physical examination of the lumbar spine from latest progress notes dated 08/27/2014 showed loss of normal lordosis with straightening of the lumbar spine and surgical scars and range of motion restricted with flexion limited to 10 degrees and extension limited to 5 degrees. There was noted paravertebral muscle spasm and tenderness on both sides; straight leg raising test was positive on both sides, with positive hyperesthesia and altered sensation in the L4 to L5 dermatomes. Motor examination was normal. Deep tendon reflexes showed knee jerk and ankle jerk. Urine toxicology last 03/12/2014 was consistent with prescribed medications. Treatment to date has included medications: Norco 10/325mg, MS Contin, Lyrica, Topamax, Colace, and Senokot since at least April 2012. Other treatments include T8-T9, and T9-T10 laminectomy, bilateral last June 2012, spinal cord stimulator trial, and lumbar epidural steroid injections. Utilization review from 07/23/2014 modified the request for Norco 10/325 mg #120 with 1 refill to Norco 10/325 mg #90, to facilitate weaning and discontinuation due to lack of documented improvements with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 120 Refill 1: 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): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Norco 10/325mg since at least 2012. The most recent clinical evaluation revealed pain 10/10 without medications and 8/10 with medications. Medical records provided did not show documented evidence of improvement from chronic Norco use. Therefore, the request for Norco 10/325mg #120 with 1 refill is not medically necessary.