

Case Number:	CM14-0128413		
Date Assigned:	09/05/2014	Date of Injury:	03/27/2011
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal 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 injured worker is a 38 year old female injured on 03/27/11 due to an undisclosed mechanism of injury. The injured worker underwent bilateral L5-S1 decompression for herniated disc in October of 2012 with recurrent complaints of severe back pain extending to bilateral lower extremities. Diagnoses include degenerative disc disease in the lumbar spine, HNP of the lumbar spine, sciatica, and low back pain. Clinical note dated 07/17/14 indicated the injured worker utilizing Tramadol, Norco, and Soma for pain management. Physical examination revealed gait within normal limits, ability to walk on heels and toes with difficulty due to pain, no atrophy noted, tenderness in the mid-line of thoracolumbar spine to palpation, decreased range of motion of the lumbar spine by 50% of normal, motor strength of lower extremities 5/5 in all groups bilaterally, sensation to light touch intact in all dermatomes bilaterally, deep tendon reflexes 2+ and symmetrical bilaterally, seated straight leg raising test negative bilaterally, and sacroiliac joint tenderness not present. The documentation indicated the injured worker provided with refill with prescription for Norco and Lidoderm patches. Treatment plan also indicated Soma tablet 350mg every 6 hours as needed, Norco 325/10mg 1-2 tablets every 4-6 hours, and Lidoderm 5% 1 patch once a day. The initial request was non-certified on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg #90 w.2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 325mg #90 w.2 refills cannot be recommended as medically necessary.