

Case Number:	CM14-0142359		
Date Assigned:	09/10/2014	Date of Injury:	12/26/2012
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 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:

The injured worker is a 49-year old female with a date of injury of December 26, 2012. She was diagnosed to have chronic sprain and strain of the lumbar spine with non-verifiable sciatica into the left leg. In a recent the Agreed Medical Evaluation report dated February 14, 2014 it was indicated that she complained of daily constant dull-to-sharp pain in the mid-low back that radiated to the left buttock accompanied with numbness and tingling sensation to the feet and all the toes. Her symptoms increased with prolonged standing and walking as well as bending and stooping and it improved with rest. On examination of the lumbar spine, tenderness was noted over the left lumbosacral musculature. Paravertebral muscle spasm and rigidity was also noted. Range of motion of the lumbar spine was limited in all planes. The straight leg raise test in the supine position was positive at 60 degrees, bilaterally. The Lasegue test was positive, bilaterally. Hypoesthesia was at 4/5 along the L5 dermatome, bilaterally. X-rays of the thoracic and lumbar spines as well as the pelvis were unremarkable. This is a review for the requested Norco 10/325 mg, # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The medical records received have limited information to support the necessity of Norco 10/325mg, #30. The Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended in the chronic term; however, if it is to be utilized for long-term usage criteria were made and is needed to be met in order to continue with medical management using opioids. The Chronic Pain Medical Treatment Guidelines indicate that there should be documentation of one provider providing the prescription of opioids, the lowest dosage should be provided and documented, there should be documentation of a decrease in pain levels and significant functional improvements, documentation of the duration of pain relief secondary to opioid usage, documentation of urine drug screening test, and documentation of possible abuse or aberrant behavior secondary to opioid usage. In this case, review of this injured worker's records indicates that she has been utilizing opioids and other medications in the long-term. More specifically, the most recent medical records dated February 14, 2014 did not indicate that the injured worker has improved level of functioning with the continued use of her medications. There is no documentation of decrease in pain levels and significant functional improvements as well as documentation of urine drug screening test done. In addition, she has not been able to return to work. This medication is also indicated to address any breakthrough pain or flare-ups; however, there is no documentation that she is experiencing such events. Based on these reasons, the medical necessity of the requested Norco 10/325 milligrams #30 has not been established.