

Case Number:	CM14-0142932		
Date Assigned:	09/10/2014	Date of Injury:	04/21/1998
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old male was reportedly injured on 7/28/1998. The mechanism of injury is noted as a low back injury after a 300-400 pound gate fell on him. The most recent progress note dated 8/11/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated tenderness localizing to L4-L5 - SI joints; decreased lumbar range of motion by 70%: extension 20 degrees, flexion 40 degrees, lateral bending 30 degrees and rotation 20 degrees; extreme weakness in both legs 3/5; deep tendon reflexes (DTRs) WNL; decreased sensation of right anterolateral thigh to knee; depressed mood and affect - but better than before; and walks without cane, but very slowly with shuffling. MRI of the lumbar spine demonstrated right intraforaminal protrusion causing severe foraminal stenosis and root impingement at L3-L4; small midline protrusion with moderate central canal stenosis and annular bulge at L2-L3; global disk desiccation and severe discogenic disease at L1-L2. Electromyography dated 10/9/2013 documented "electrodiagnostic evidence suggestive of chronic right L5 radiculopathy; no evidence of plexopathy, myopathy or peripheral neuropathy." Diagnosis: Lumbar radiculopathy. Previous treatment includes lumbar spine surgery, therapy, HEP and medications to include Prozac, Remeron, Lorazepam, Theramine, Senna, Sprix and Norco. A request had been made for Norco 10/325 mg #120 (modified for #30 for weaning purposes); and Lorazepam 1 mg #15, which was not certified in the utilization review on 8/22/2014.

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, Criteria for Use Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain after a work-related injury in 1998; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Lorazepam 1mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS treatment guidelines do not support benzodiazepines (Lorazepam) for long-term use because long-term efficacy is unproven and there is a significant risk of psychological and physical dependence and/or addiction. Most guidelines limit its use to 4 weeks. As such, this request is not considered medically necessary.