

Case Number:	CM14-0143009		
Date Assigned:	09/10/2014	Date of Injury:	10/04/2004
Decision Date:	11/10/2014	UR Denial Date:	08/20/2014
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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on October 04, 2004 due to lifting something heavy across her desk, when she felt a severe pain in the lower back. The injured worker complained of lower back and bilateral lower extremity pain. The injured worker had a diagnosis of lumbar spondylolisthesis, disorder of the trunk, spinal stenosis of the lumbar, and displacement of lumbar intervertebral disc without myelopathy. The medications included bupropion, clonazepam, hydrocodone 10 mg, phenazopyridine, Tenuate, and Trazodone. The injured worker reported her pain at 4/10 being the best and worst pain at 9/10 using the visual analogue scale (VAS). The objective findings dated June 09, 2014 of the lumbar spine revealed tenderness on palpation to the spinous process at the L5, bony palpation of the right hip, tenderness with iliac press, paraspinous and the S1 joint bony palpation at the left hip, tenderness to the PSIS, the SI and greater trochanter; soft tissue palpation on the right: tenderness to the iliac lumbar region and gluteus maximus; soft tissue palpation on the left: tenderness to the paraspinal region at the L4 and the iliolumbar region restricted painful range of motion. The motor strength was 5/5 bilaterally. The straight leg raise was positive. Past treatment included urinalysis dated April 01, 2014, which indicated negative for hydrocodone. The treatment plan included Norco. The Request for Authorization dated September 10, 2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (5/13/14) Norco (10/325mg, 1 by mouth, 2 times per day, as needed, #60):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on- going pain management Page(s): 78.

Decision rationale: The retrospective request for Norco is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120mg oral morphine equivalent per day. The clinical notes did not address the objective functional improvement or evidence that the injured worker had been assessed for aberrant drug behavior and side effects. The urinalysis dated April 02, 2014 indicated that the injured worker was negative for opiate use. Therefore, the request is not medically necessary.