

Case Number:	CM14-0159005		
Date Assigned:	10/02/2014	Date of Injury:	02/12/2014
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 2/12/14. He was seen by his treating physician on 9/15/14 status post decompression surgery L4/5 for disc herniation on 7/24/14. His back pain was slowly improving and he had significant improvement in his left lower extremity. He felt his pain increased with physical therapy. His medications were keeping his pain manageable. His exam showed normal reflexes, sensory and power testing to his bilateral upper and lower extremities. His straight leg raise and bowstring were negative. He could heel walk and toe walk and he had mild lumbar tenderness and spasms. His incision was well healed. His medications were ibuprofen, Norco, Protonix and Lidoderm patch. At issue in this review is the prescription for Norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x1; Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2014. His medical course has included surgery and use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document a significant improvement in pain, functional status or side effects to justify ongoing use. His pain is improving slowly in his back and significantly improved in his lower extremity. He is also prescribed NSAIDs and a Lidoderm patch for pain. The medical necessity of Norco is not substantiated in the records.