

Case Number:	CM14-0092336		
Date Assigned:	09/12/2014	Date of Injury:	08/16/2003
Decision Date:	10/20/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 53 year old male injured on 08/16/03 as a result of repetitive lifting and bending resulting in low back and left hip pain radiating to the left lower extremity. The injured worker was initially treated with physical therapy and medication management followed by left L5-S1 laminotomy and discectomy on 02/10/04. Diagnosis included lumbosacral spine sprain/strain with lumbar spine degenerative disc disorder. Clinical note dated 05/20/14 indicated the injured worker presented complaining of worsening low back pain, muscle spasm, and cramping in the buttock and left leg. The injured worker reported continuing to work usual and customary duties; however, experienced increase back pain and muscle spasm over the week prior to evaluation. The injured worker rated pain 9/10 with decrease in pain to 5/10 with medications. Physical examination revealed antalgic posture, inability to stand up straight, decreased range of motion, rigidity of the lumbar trunk suggesting lumbar spasm with loss of lordotic curvature, positive right straight leg raise, altered sensory loss to light touch and pin prick of the left lateral calf and bottom of the foot, deep tendon reflexes +1 at the knees and ankles, toes downgoing to plantar reflex bilaterally. The injured worker reported 50% reduction in pain and 50% functional improvement of activities of daily living with the use of medication. Medications included ibuprofen 800mg TID PRN (3x a day as needed), Tylenol extra strength over the counter two tablets every six hours PRN, Norco 10/325mg one tablet QD PRN (everyday as needed), and Flexeril 10mg one tablet QD PRN. The initial request was non-certified on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use Opioids.

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

Decision rationale: As noted in 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 sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker reported 50% reduction in pain and 50% functional improvement of activities of daily living with the use of medication. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325mg, #30 is recommended as medically necessary at this time.