

Case Number:	CM14-0095188		
Date Assigned:	09/15/2014	Date of Injury:	04/29/2009
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 who reported an injury on 04/29/2009. The mechanism of injury was not provided. The injured worker's diagnoses included dynamic instability L4-5 and spondylolisthesis with instability at L4-5 and a flare up. The injured worker's past treatments included medications, physical therapy, injections, a TENS unit, and a home exercise program. The injured worker had an official MRI of the lumbosacral spine on 06/20/2014. On the clinical note dated 07/11/2014, the injured worker complained of constant low back pain rated 7/10 to 8/10 at rest and increased to 9/10 to 10/10 with activities. The injured worker had attempted range of motion revealing flexion at 10 degrees and extension at 5 degrees with pain exacerbation. The injured worker had a positive straight leg raise test and tension signs bilaterally. The injured worker's medications included Dexilant 60 mg daily, Flurbiprofen 20%/tramadol 20%/gabapentin 10%/amitriptyline 10%/Dextromethorphan 10% topical cream. It was noted on the clinical note dated 06/25/2014; the injured worker had urinary drug testing performed on 06/24/2014 that was not consistent with the medication regimen. The request was for Norco 10/325 mg #120. The rationale for the request was for pain. The Request for Authorization was not submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78..

Decision rationale: The injured worker was diagnosed with dynamic instability at L4-5 and spondylolisthesis with instability at L4-5 and a flare up. The injured worker complained of pain at 7/10 to 8/10 at rest and increased to 9/10 to 10/10 with activities. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. There was a lack of documentation indicating a failure of nonopioid medications. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation included a urine drug test on 06/24/2014 that was not consistent with the medication regimen. There was a lack of documentation of side effects of the medications. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325 mg #120 is not medically necessary.