

Case Number:	CM14-0099513		
Date Assigned:	07/28/2014	Date of Injury:	02/25/2013
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/27/2014

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 Interventional Spine 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 patient is a 48-year-old male with an injury date of 02/25/2013. Based on the 05/05/2014 progress report, the patient has pain radiating from his lower back to his left lower extremities. On 04/22/2014, the patient had an anterior retroperitoneal exposure of the L4-L5 space with mobilization of the aorta and the vena cava. On 01/10/2014, the patient had a translaminar lumbar epidural injection, left L5-S1. The 03/17/2014 MRI of the lumbar spine reveals the following: 1. Lumbar lipomatosis at L3-L4 through L5-S1. 2. Fatty filum terminale noted extending from the L1-L2 through mid L4 level, doubtful clinical significance. 3. Multifactorial mild acquired central canal spinal stenosis, L4-L5. 4. Posterior central 6-mm L4-L5 disk protrusion without thecal sac compression or lateralization. 5. L5-S1 facet arthrosis. The 06/16/2014 report describes the patient as having minimal lumbar tenderness. The patient's diagnoses include the following: 1. Musculoligamentous sprain/strain, lumbar spine. 2. DDD with HNP L4-L5 with progressive deficits, acute HNP. 3. Depression. The utilization review determination being challenged is dated 06/26/2014. Treatment reports were provided from 01/06/2014 - 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 2.5 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88, 89.

Decision rationale: Based on the 05/05/2014 progress report, the patient complains of severe lower back pain, which radiates to the left lower extremities. The request is for retro Norco 2.5/325 mg #60. The patient has been taking Norco as early as 01/27/2014. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician has failed to provide any pain scales nor mentions any ADLs that the medication would have impacted. There is no discussion provided on any adverse side effects or adverse behavior that the patient may have experienced. This request is not medically necessary.

Retro Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Based on the 05/05/2014 progress report, the patient complains of having severe lower back pain with radiation to the left lower extremities. The request is for retro Norflex 100 mg #60. The report with the request was not provided, nor was Norflex mentioned in any of the reports provided. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." The patient clearly has severe lower back pain; however, it is not indicated of how long this patient has been taking Norflex for nor was there any discussion provided as to what Norflex has done for the patient's pain. Therefore, this request is not medically necessary.