

Case Number:	CM14-0218698		
Date Assigned:	01/08/2015	Date of Injury:	02/06/2014
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old female who reported an injury on 02/06/2014. The mechanism of injury involved repetitive activity. The current diagnosis is lumbar spine myoligamentous injury with bilateral lower extremities radicular symptoms. The injured worker presented on 12/09/2014 with complaints of ongoing debilitating pain in the lower back with radiation into the left lower extremity. The current medication regimen includes Norco 10/325 mg, Ultracet, Prilosec 20 mg, Anaprox DS 550 mg, Flexeril 10 mg, Ambien 10 mg, and medicinal marijuana. Upon examination of the lumbar spine, there was tenderness to palpation with muscle rigidity, numerous trigger points, decreased range of motion, positive facet loading, weakness in the bilateral lower extremities, and 2+ deep tendon reflexes with decreased sensation along the L5-S1 distribution. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this 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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect should occur. Opioids should be discontinued if there is no overall improvement in function. The injured worker has continuously utilized Norco 10/325 mg for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to report persistent debilitating lower back pain with radiating symptoms in the left lower extremity. In the absence of objective functional improvement, additional use of the above requested medication cannot be determined as medically appropriate. There is also no frequency listed in the request. As such, the request is not medically appropriate.