

Case Number:	CM14-0145826		
Date Assigned:	09/12/2014	Date of Injury:	01/10/2012
Decision Date:	10/21/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/08/2014

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 Texas. 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 59 year old male who was injured on 01/10/12 sustaining a low back injury. Current diagnosis is noted as discogenic lumbar condition with disc disease. Clinical note dated 07/03/14 the injured worker complains of low back pain with numbness and tingling in the ankles. Documentation indicated recent MRI showed changes from last MRI done in 2003, now with marked loss of disc height at L4 to L5 with moderate left and moderate right neural foraminal narrowing at L4 to L5 and mild loss at L3 to L4 with mild bilateral foraminal narrowing. EMG studies were within normal with no evidence of compression neuropathy at the tibial nerve, peroneal nerve or lumbar radiculopathy. Physical examination revealed tenderness along the lumbar paraspinal muscles bilaterally and pain along the facets, and facet loading, straight leg raise test is positive bilaterally at 60 degrees. Clinical note dated 08/08/14 indicated the injured worker complains of low back pain rated as 8/10 on the pain scale. The injured worker indicated Norco helps to decrease pain level. Back pain increases with prolonged sitting, standing and walking. He also reported spasms, numbness, tingling and cramping in the low back and both legs. He indicated he manages his own chores in short intervals. Physical examination revealed lumbar flexion to 40 degrees and extension to 50 degrees. Medications include Norco 10/325 milligrams, Naproxen 550 milligrams, Gabapentin 600 milligrams, and Mirtazapine 15 milligrams. The previous requests for one prescription of Norco 10/325 milligrams quantity ninety was modified to one prescription of Norco 10/325 milligrams quantity 68, and one prescription of Norco 10/325 milligrams quantity was noncertified on 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication Norco 10/325 milligrams quantity ninety, cannot be established at this time.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, a second prescription for Norco 10/325 milligrams quantity ninety is not recommended as medically necessary at this time.