MAXIMUS Federal Services

Case Number:	CM13-0019664		
Date Assigned:	10/11/2013	Date of Injury:	10/10/2001
Decision Date:	02/07/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 has been treated for L5-S1 sciatic radiculopathy since 2001. He underwent microdiscectomy in 2007, and was placed on modified work with regard to lifting, crawling, stooping, and kneeling in August of 2009. He had an acute flare-up of pain in 2010. An EMG showed chronic L5 radiculopathy. He underwent an epidural steroid injection (ESI) and a sacroiliac selective nerve block with 50% improvement. He was seen by a pain management physician for another pain flare-up in November 2012. Notes from that date documented his pain from 6-10/10, 3/10 with medication. He is ambulatory with a cane, and is independent with activities of daily living. His lifting restriction was reduced to 10 pounds. Notes from February 2012 to July 2013 show prescriptions for Soma twice daily, 90 Norco per month (increased to 120 per month in December 2012 because of a functional decline), Mediderm cream, and laxative. Capsaicin and Ketoprofen cream are both mentioned twice during that period of time. A TENS unit was used daily in November 2012. One of three toxicity screens (December 2012) was included; it was positive for amphetamines. After December 2012, pain was reported at 6-8/10. Another ESI was given in March 2013, and April notes report that pain had reduced from 8/10 to 5/10. In June, pain had returned to 7/10, but in July, pain was stabilized, though the same report stated that leg pain had increased with jogging. TENS use was reduced to four times a week. November 2012 - July 2013 notes state that work restrictions are unchanged from the return to work in 2009 with restrictions, but narrative notes suggest a period of time off work during 2012-2013; July and August notes confirm he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg (one month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 110-114.

Decision rationale: The MTUS criteria for use of opioids for chronic pain include likelihood of improvement based on prior response (analgesia and improved activities of daily living), trials of other treatments, likelihood of abuse, and presence of nociceptive rather than neuropathic pain. Discontinuation is recommended if function decreases or with evidence of illegal drug activity. Continuation is accepted if the injured worker returns to work. Given failure to respond to a time-limited course of opioids for low back pain (more than 16 weeks), efficacy is unclear and warrants reconsideration. Guidelines note that no study supports the value of chronic opioid treatment for low back pain. In the case of the patient, function has decreased since his release to work in 2009, and has been at a fluctuating plateau from November 2012 until his March 2013 epidural steroid injection. The patient improved after this procedure; the improvement is not attributable to opioids. Adjuvant treatments include Soma and nonsteroidal anti-inflammatory cream. A trial of Gabapentin has started. The December 2012 toxicity screen showed amphetamine abuse, not documented in medical notes. The pain is neuropathic. Fluctuating improvements have not resulted in dose reduction. There has been no attempt at dose reduction after the ESI, and the patient has not returned to work. Therefore, the treatment is not medically necessary.