

Case Number:	CM13-0022590		
Date Assigned:	11/13/2013	Date of Injury:	03/08/2012
Decision Date:	01/31/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 Claimant is a forty-nine (49) year-old male patient, who sustained an industrial injury to his low back on 03/08/12, during the performance of his routine and customary job duties as a sales representative for [REDACTED]. The claimant recounts that on 03/08/12, he was performing his routine and customary job duties. He was pulling, and moving two 55 gallon drums onto a palate jack. He states that approximately 20-30 minutes later, he began to experience pain in his low back. He thought the injury was minor, and would probably resolve on its own. Later on, his symptoms became worse, and again reported the injury to the store manager, [REDACTED]. He was referred for medical care and treatment the same day of the injury. On 03/08/12, the patient was evaluated at the [REDACTED] for his low back symptoms. X-rays were taken, medications prescribed a course of physical therapy ordered, and he returned to work with restrictions. He states that he underwent approximately 4 physical therapy sessions, but noted progressively increasing low back pain, with some involvement of his left lower extremity. He returned to the treating physicians at the [REDACTED], and reported his ongoing symptoms. MRI studies were recommended and authorized. On 4/11/12, the patient underwent a lumbar spine MRI, which revealed a disc herniation at L5-S1. Based on his symptoms, and results of his MRI study, he was declared temporarily totally disabled (TTD). Orthopedic evaluation was recommended, and authorized. In 04/2012, he was evaluated by orthopedic spine surgeon, [REDACTED]. After examining the patient and reviewing the x-ray and MRI studies, [REDACTED] recommended surgical intervention. On 04/25/12, the patient was taken to the O.R. by [REDACTED], and underwent L5-S1 discectomy. He underwent a course of physical therapy/rehabilitation post-operatively, and states this did help improve his low back and left lower extremity symptoms. He states he was doing well until the end of June, beginning of July, when

he started to develop increasing low back, and left buttock pain, with radiation to the left thigh. He reported these symptoms to [REDACTED], and an updated MRI was recommended, and authorization was requested. MRI revealed scar tissue pushing on the spinal column. Lumbar epidural injections were recommended and the claimant states that he is under the impression that the epidural injection was recommended but there was difficulty finding a physician on the MPN to perform this procedure. Sometime in 11/2012, the patient retained an attorney to assist with his workers compensation injury case. He was referred by his attorney to [REDACTED]. He was referred for chiropractic care and treatment, medications were prescribed, and a TENS unit ordered. Nerve studies were recommended, but not performed. At the present time, he continues to treat with [REDACTED] for his ongoing low back and left lower extremity symptoms. The claimant reports experiencing a constant, throbbing pain in the center of his low back. He states his low back pain radiates down to both buttocks, and down his left lower extremity, traveling posteriorly, to his left calf. The patient states his low back and left lower extremity are made worse with prolonged sitting, and feels that heavy lifting will cause a problem, although he has not attempted it at the current time. He denies any change in the quality or location of the pain with coughing, sneezing, or bearing down. The patient indicated that his low back pain is relieved somewhat with applications of heat, stretching, sitting in his recliner, and use of the TENS unit, as prescribed by [REDACTED]. He states that he experiences numbness of his left foot. However, he denies weakness, tingling, buckling or giving way of his left lower extremity. He denies any changes in bowel or bladder function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, take one tablet once a day as need for pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 to 77.

Decision rationale: CA-MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is indicated for moderate to moderately severe pain; however, page 76 through 77 of the MTUS, stipulated specific criteria to follow before a trial of opioids for chronic pain management. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain)

generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). CA-MTUS section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." This has not been documented for this patient, therefore the request for 5/325 mg take one tablet once a day as needed for pain #60 is not medically necessary.