

Case Number:	CM13-0039119		
Date Assigned:	06/16/2014	Date of Injury:	08/31/2007
Decision Date:	08/08/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported injury on 08/31/2007 due to a piece of heavy metal, weighing approximately 700 pounds to 800 pounds falling onto the injured worker's abdomen, causing a crush injury and a hernia. After an examination, x-rays, MRIs, and a CT were performed, the injured worker underwent a hernia repair in 10/2007. The injured worker complained of constant moderate to severe pain in the lower back that is localized with occasional numbness of the left leg. The pain is accompanied with symptoms of swelling, tenderness and stabbing pain. The injured worker rated his pain at a 9/10 in severity on average. Physical examination of the lumbar spine revealed, upon range of motion, 80 degrees of flexion with a dyskinetic recovery. Extension was accomplished to approximately 10 degrees with complaints of significantly increased pain. Straight leg raise testing was negative bilaterally. Examination of bilateral lower extremities demonstrated no focal atrophy, tremor, fasciculation, or ataxia. The injured worker's patellar and Achilles reflexes were 1+ and symmetrical in both lower extremities. Deep tendon reflexes were 1+ and symmetrical at both knees and ankles. An MRI of the lumbar spine obtained 09/24/2013 revealed lumbar spondylosis L1-2 through L5-S1 discs with degenerative changes in L2-3 and L3-4 discs, at L3-4 a 4 mm posterior osteophyte disc complex more prominent laterally on the right side and at L5-S1, a 3.5 mm posterior osteophyte disc complex. X-rays were also performed 09/2013. There was asymmetric disc height loss at L3-4 with the right side being more collapsed than the left. In addition, there was more moderate to severe disc collapse at L5-S1. There was extensive osteophytosis at L2-3 and L3-4. Flexion/extension views showed spondylosis at the L3-4 segment with mild retrolisthesis of L3 on L4 upon lumbar extension. The injured worker has diagnoses of L2-S1 disc degeneration/facet arthropathy and left L5 radiculopathy. The injured worker's past treatment

includes physical therapy, lumbar facet blocks, TENS unit, home exercise program, and medication therapy. Medications include Anaprox DS 550 mg and Norco 10/325 mg. Most recent urinalysis was submitted on 11/22/2013. The current treatment plan is for Norco 10/325 mg 1 tablet 3 times a day, 90 with 3 refills. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 1 TABLET THREE TIMES A DAY, #90 WITH 3 REFILLS (DISPENSE GENERIC UNLESS DAW): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management and Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The request for Norco 10/325 mg, 1 tablet three times a day, #90 with 3 refills (dispense generic unless daw) is not medically necessary. The injured worker was taking Norco and Anaprox which he stated both were helping. California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids (Norco) appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. California MTUS guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding consistent urine drug screens. In addition, there was no mention of a lack of side effects. Given the above, the request for ongoing use of Norco 10/325 is not supported by California Medical Treatment Utilization Schedule Guideline recommendations. As such, the request is not medically necessary.