

Case Number:	CM14-0017616		
Date Assigned:	04/16/2014	Date of Injury:	10/04/2004
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational 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 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 patient is a 62-year-old male who was injured on 10/04/2004. The patient slipped and fell at work. There is no detailed discussion of prior treatment in records submitted. Progress report dated 02/28/2013 documented the patient with complaints of low back pain that radiates to left leg. Objective findings revealed positive lumbosacral tenderness. Antalgic gait. The patient ambulates with cane in right hand. The diagnoses are: lumbosacral; sprain/strain, and hip/thigh sprain/strain. The treatment plan includes: Norco 10/325 mg 1 four times daily (qid), Klonopin 1 mg 1 at bed time (qhs), Vimovo 20/375 mg 1 twice daily (bid), and Mirilax 17 gm with 8 oz of water bid. Progress report dated 07/11/2013 documented the patient with complaints of low back pain that is severe especially with humidity. When continues to walk, the left leg goes dead. The patient must rest to avoid certain fall. Medication is helpful. Objective findings on exam revealed positive lumbosacral pain. Antalgic gait. Positive lumbosacral weakness and left leg weakness. The diagnoses are: lumbosacral; sprain/strain and hip/thigh sprain/strain. The treatment plan includes: Norco 10/325 mg 1 qid, Klonopin 1 mg 1 qhs, Vimovo 20/375 mg 1 bid, Lyrica 75 mg bid, and Tramadol 50 mg 1 qid. Progress report dated 10/07/2013 documented the patient with persistent low back pain. Movement/walking causes more pain. Objective findings on exam reveal lumbosacral tenderness. Limited mobility, a cane was used to ambulate. The diagnoses are: lumbosacral; sprain/strain, and hip/thigh sprain/strain. The treatment plan are: Norco 10/325 mg 1 qid, Klonopin 1 mg 1 qhs, Vimovo 20/375 mg 1 bid, Lidoderm patch 5%, and Lyrica 75 mg 1 bid. Progress report dated 01/03/2014 documented the patient struggles to walk due to pain. The patient uses medication to sleep and for self hygiene. Objective findings on exam reveal lumbosacral tenderness. Left leg limited strength and a cane is used to ambulate. The diagnoses are: lumbosacral; sprain/strain, and hip/thigh sprain/strain. The treatment plan includes: Norco 10/325 mg 1 qid, Klonopin 1 mg 1 qhs, Vimovo 20/375 mg 1 bid, Lidoderm patch 5%, Lyrica 75

mg 1 bid, Tramadol 50 mg 1 qid, and Dioctyl sodium sulfosuccinate (DSS) 250 mg 1 bid. This is the fifth request to refer the patient for a lumbar MRI and for neurosurgical referral. Progress report dated 01/14/2014 documented the patient with complaints of persistent lumbar pain. The patient is using Vimovo/Vicodin for relief. Uses cane to avoid falls. Objective findings reveal positive lumbosacral pain. The diagnoses are: lumbosacral; sprain/strain, and hip/thigh sprain/strain. The treatment plan includes: Norco 10/325 mg, Klonopin 1 mg bid, Lyrica 150 mg 1 bid, Vivomo 375/20 mg 1 bid, and Miralax 17 gm with 8 oz of water bid. The provider request for 12 chiropractic visits for therapeutic modalities due to exacerbation of pain. The authorization is to refer the patient to Dr. Peilin Chang for pain management consultation and to consider nerve stimulator. The request is to refer the patient for lumbar MRI then surgical referral with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, Norco is a short-acting opioid, which is recommended for moderate to moderately severe pain. The MTUS guidelines recommend, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, record review indicates that this patient has severe chronic lower back pain and dysfunction despite use of this medication. There is no documentation of pain relief or objective functional improvement attributable to use of Norco. The medical necessity is not established.