

Case Number:	CM14-0122960		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2006
Decision Date:	09/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Management and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 02/27/2006 due to an unknown mechanism. Diagnoses were lumbar myoligamentous injury, with associated facet joint hypertrophy, herniated nucleus pulposus at the L4-5 and L5-S1, with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, coronary artery disease, status post coronary stents, uncontrolled severe hypertension, 3-level positive provocative discography, status post coronary bypass graft x3 vessels, medication induced gastritis, and right lateral epicondylitis, industrial related. Past treatments have been trigger point injections, epidural steroid injections, and spinal cord stimulator with side effects of nausea and vomiting. Diagnostic studies were MRI of the lumbar spine, 10/2009 that revealed L4-5 severe intervertebral disc based narrowing with decreased signal intensity and desiccation. There was a 3.5 mm disc bulge with annular fibrosis that caused severe central and moderate bilateral foraminal stenosis. At the L5-S1, there was a 2 to 3 mm disc bulge with mild central and bilateral foraminal stenosis. Past surgeries were coronary artery stents, and coronary bypass graft x3 vessels, 11/2012. Physical examination on 07/14/2014 revealed complaints of lower back pain that radiated down to the left lower extremity. The pain was rated a 9 out of 10 in intensity, but on current medical regime it rates a 6 out of 10. It was reported that the injured worker has been considered a surgical candidate, but it was felt to be too unstable to undergo surgery, due to poorly controlled hypertension. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. There was a decrease in range of motion with muscle guarding. Range of motion for the lumbar spine with flexion was to 45 degrees, extension was to 15 degrees, left lateral bend was to 20 degrees, right lateral bend was to 20 degrees. Deep tendon reflexes patella on the right was a 2/4, on the left a

2/4, Achilles tendon on the right was a 1/4, on the left a 1/4. Sensory exam revealed decreased sensation along the posterolateral thigh, posterolateral calf in the left L5-S1 distribution. Straight leg raise in a sitting position was positive at 60 degrees, which caused radicular symptoms to the bilateral lower extremities. Medications were oxycodone 30 mg, 6 tablets a day, Norco 10/325 mg 8 to 10 tablets a day, Neurontin 600 mg 1 tablet twice a day, Wellbutrin 100 mg 1 tablet twice a day, Prilosec 20 mg 1 twice a day, Soma 350 mg 1 tablet 3 times a day, Lisinopril, Clonidine, Minoxidil, Lasix, carvedilol, amlodipine, simvastatin, Coumadin, Xanax. Treatment plan was for a retriial of the intrathecal with Dilaudid, and spinal injections, medications, and cognitive behavioral psychotherapy sessions. The rationale was the provider believed an intrathecal infusion pump would be more effective in decreasing the injured worker's pain, as well as enabling him to decrease his requirement for oral analgesic medications and allowing him to be more functional. Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco,Ongoing Managemen Page(s): 75,78.

Decision rationale: The Request for Norco 10/325 mg, quantity 30 is non-certified. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. 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. Although the injured worker has reported pain relief and functional improvement from the medication the provider did not indicate the frequency for the medication. Therefore, the request non-certified.