

Case Number:	CM14-0125790		
Date Assigned:	09/24/2014	Date of Injury:	09/19/2006
Decision Date:	11/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 59-year-old male who reported an injury on 09/19/2006. The mechanism of injury, prior therapies and diagnostic studies were not provided. The surgical history included a L5-S1 anterior lumbar interbody fusion on 08/25/2008, a total disc replacement at L4-5 on 05/10/2010, a bilateral decompression at L4-5 with undercutting semi-hemilaminectomy, foraminotomy, and fixation on 07/18/2011, and a L4-5 revision of the fusion on 07/30/2012. The medications included Estazolam, bupropion, risperidone, and Norco, as of 03/17/2011. The injured worker was monitored for aberrant drug behavior through urine drug screens. The documentation of 06/04/2014 revealed the injured worker had current medications including Norco 10/325 mg, twice a day; Neurontin 400 mg, 2 to 3 times a day; Zanaflex 4 mg, 3 times a day; Colace 100 mg, twice a day; and Lidoderm patches 5%; Zetia 10 mg, daily; aspirin 81 mg, daily; risperidone 0.5 mg, twice a day; benazepril 40 mg, 1 daily; Glyburide 5 mg, 1 in the morning; bupropion 100 mg at bedtime; Pepcid 40 mg, twice a day; and Citrucel 3 times a day. The injured worker indicated he was utilizing Norco 10/325 mg 2 times a day for breakthrough pain. The injured worker was utilizing Neurontin 400 mg 2 to 3 times a day for neuropathic pain. The injured worker was utilizing Zanaflex 3 times a day as needed for acute muscle spasms, and utilizing Lidoderm 5% patches for local neuropathic pain for his low back, which he found helpful. The injured worker was utilizing Colace and Citrucel for constipation. The injured worker had symptoms in his low back and right lower extremity. The physical examination revealed tenderness in the mid line lumbar spine with moderate spasm in the right paralumbar musculature. The injured worker had decreased range of motion and was utilizing a cane. There was persistent weakness of the extensor hallucis longus on the right, but to a lesser degree at 4+. The diagnosis included status post L4-5 anterior posterior decompression and fusion with instrumentation, residual low back pain and right radicular pain, abdominal pain,

gastroesophageal reflux disease, opioid induced constipation, depression, and anxiety. The treatment plan included Norco 10/325 mg, 1 twice a day; decrease Neurontin 400 mg 1 by mouth twice a day; Lidoderm patches; Colace 100 mg; and Citrucel 3 tablets per day as needed for opioid induced constipation. There was a request for Authorization submitted for review, dated 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects; however, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The duration of use was since at least 2011. Given the above, the request for Norco 10/325mg one BID #60 is not medically necessary.