MAXIMUS Federal Services

Case Number:	CM14-0150250		
Date Assigned:	09/18/2014	Date of Injury:	11/09/2011
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Management 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 injured worker is a 47 year-old female who sustained work-related injuries on November 9, 2011. The mechanism of injury occurred when she was pushing and pulling a heavy cart when she felt a sharp back in the lower back. Prior treatments include land-based physical therapy, chiropractic care, aqua therapy, and oral medications. Per August 28, 2014, the injured worker returned to her provider for a followup visit. She reported pain was along or in the right hip and right leg. She on average rated her pain as 8/10. However, with medications her pain level would go down to 3/10 but without medications her medication was rated at 10/10. On examination, she was noted to be limping and was assisted with a cane. Lumbar spine examination, facet tenderness was noted at the L4, L5, and S1. Lumbar facet loading was positive on both sides. Straight leg raising test was positive, bilaterally. Ankle jerk was 0/4, bilaterally. Spasms were noted in the paraspinals with markedly reduced range of motion (ROM) in all ranges especially with extension and rotation bilaterally. Kemp's test was positive. Motor test was 4/5. Sensation was slightly decreased in the left L5 distribution greater on the right. She is diagnosed with (a) backache not otherwise specified/back pain, (b) spinal/lumbar degenerative disc disease, and (c) lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsOpioids, criteria for usehyperalgesia, criteria for use Page(s): 74, 76-80, 95.

Decision rationale: Based on the provided records, the injured worker sufficiently meets the criteria for on-going opioid management of pain as indicated in evidence-based guidelines this includes significant decrease in pain levels and significant functional improvements. Moreover, the records also show that her prior opioid therapy with Opana and Opana ER as well as her other medications in conjunction with other treatment modalities including aquatherapy successfully brought down her pain levels from 10/10 down to 3/10 as indicated in her most recent records. Review of the injured worker's records indicates that with the current medical regimen of the injured worker, her pain was successfully brought down to mild levels of pain and her condition has started to become stable. Because of this she was recommended by her provider to start detoxifying with Suboxone therapy. However, the provision of Norco 5/325mg #30 defeats the purpose of detoxification as another opioid is being added to her medications. Moreover, there is no indication that the injured worker is experiencing moderate to severe levels of pain. There is also no indication of a breakthrough or flare-up as well as there is no indication of potential formation of opioid hyperalgesia. Therefore, the medical necessity of the requested Norco 5/325 mg #30 twice daily (BID) is not established.