

Case Number:	CM14-0186112		
Date Assigned:	11/14/2014	Date of Injury:	09/29/2011
Decision Date:	12/22/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 an injured worker with a history of low back injury. Date of injury was 09-29-2011. Mechanism of injury was lifting. Treatments have included medications, acupuncture, physical therapy, and activity restrictions. Primary treating physician's progress report dated 8/13/14 documented a prescription for Tramadol, Cyclobenzaprine, and Lenza gel. Urine drug screen dated 9/10/14 detected Tramadol and was consistent. Primary treating physician's progress report dated September 10, 2014 documented that subjective complaints of lumbar tenderness. The patient states that she continues to feeling the extreme aggravation of pain at times somewhere going up to 7-8, on 0-10 scale. The patient states that at times she gets the intolerable pain going up to 10. The patient states that recently she did not receive all her medications she only receive the Tramadol and patient states that the Tramadol helps, but very minimally only gets pain relief for couple hours and the pain will go right back up. Objective findings were documented. Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well preserved with no splinting. No surgical or traumatic scars or burns are visible. The overlying skin is intact with no laceration, abrasions, puncher wound or skin breakdown. There is no ecchymosis or edema. The patient is walking in an awkward in flex position putting her hands on the hip area. Heel and toe ambulation could not be conducted because of pain. Palpation demonstrated severe tenderness throughout the lumbar paravertebrals worse on the left L5-S1. The patient can barely flex to 10 degrees in forward flexion and extension. Straight leg raise test is positive from the sitting position at 25 degrees on left side and on right side at 45 degrees. Decrease sensation left below knee area. There is weakness of the left lower extremity musculature especially the flexor hallucis longus, plantars and extensors of the left foot. Also, quadriceps and hamstrings are 4+ on the left side. Deep Tendon Reflexes of the Knee and Ankle bilaterally were 1+ bilaterally. Diagnoses were lumbar strain and left L5 neural

foraminal stenosis. Treatment plan included urine toxicologically screen and referral to spine surgeon consultation. With the Tramadol, the patient is not getting complete relief from the pain. The patient was given a prescription of Norco 5/325 mg BID #60 as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 77, 78, 43, 74, 86, 91..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 74-96..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The usual dose of 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (page 91). Medical records document lumbar tenderness, lumbar strain, and left L5 neural foraminal stenosis. Physical examination demonstrated objective evidence of pathology. Urine drug screen dated 9/10/14 was consistent. The patient was referred to a spine surgeon. Tramadol provided partial relief which was inadequate. Therefore, on 9/10/14, the patient was given a prescription of Norco 5/325 mg BID #60 as needed for severe pain. Per MTUS, Norco is indicated for moderate to moderately severe pain. The medical records and MTUS guidelines support the prescription of Norco 5/325 mg. Therefore, the request for Norco 5/325mg #60 is medically necessary.