MAXIMUS Federal Services

Case Number:	CM14-0025627		
Date Assigned:	06/13/2014	Date of Injury:	03/22/2002
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 52 year old male who was injured on 03/22/2002 as 200-500 pound boxes fell off a forklift landing on the patient's back and knocking him to the ground. Prior treatment history has included the patient undergoing lumbar spinal stimulator implanted on 04/08/2013. There was at least 60% pain relieved to his lower back as well as to his radicular symptoms with the spinal cord stimulator. The patient was taking 15 Percocet tablets a day with and with the spinal cord stimulator he was able to wean himself off the Percocet and now is down to 3-4 tablets of Norco a day. The patient underwent L4, L5 and L5-S1 anterior posterior interbody fusion with subsequent removal of posterior fusion hardware in 2004/2005. He also underwent open rotator cuff repair and acromioplasty, date unknown. Diagnostic studies reviewed include cervical spine MRI dated 11/01/2011 revealing 3-4 mm midline disc protrusion at C3-4 and C6-7. Lumbar spine MRI dated 11/01/2011 revealed 3-4 mm midline disc protrusion at L5-S1. Left shoulder MRI dated 09/27/2010 revealed impingement with tendinitis. A toxicology report dated 01/09/2014 revealed the medications detected were consistent with the prescribed medications. The following results are inconsistent on this report and it is for Xanax, alprazolam, cotinine, nicotine and trazadone. The patient's medications include: Suboxone 2 mg sublingual, Xanax 1 mg, Prozac 20 mg, Percocet 10/325 mg discontinued and Norco 10/325 mg 3-4 qd.A Follow Up Pain Management Consultation dated 01/09/2014 documented the patient with complaints of low back pain which radiates down to both extremities but has been much more manageable after undergoing permanent implantation of lumbar spinal stimulator. Objective findings on exam include decreased range of motion in the left shoulder. At the lumbar spine there was tenderness to palpation above the lumbar paravertebral musculature and sciatic notch. There are trigger points and taut bands with tenderness to palpation noted throughout. The range of motion of the lumbar spine id decreased with flexion 45 degrees, extension 15 degrees, left lateral bend 20

degrees and right lateral bend 20 degrees. DTRs were 1+ on the left and Achilles tendon and otherwise normal in the other reflexes. The Diagnoses included: Lumbar post-laminectomy syndrome status post L4-L5 and L5-S1 anterior posterior interbody fusion with subsequent removal of posterior fusion hardware, Left shoulder internal derangement status post open rotator cuff repair and acromioplasty and Bilateral lower extremity radiculopathy, left greater than right. The treatment plan includes a request for authorization for evaluation with interdisciplinary function restoration program. The patient was dispensed in the office with Norco 10/325 mg #120.A utilization report dated 02/23/2014 states the request for Norco 10/325 mg #180 with 1 refill was not certified as there was insufficient documentation to support the quantity and refill requested. The information reviewed in the documentation did not confirm the guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG # 180 X (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: According to the CA MTUS guidelines, Norco is a short-acting opioids which is recommended for intermittent or breakthrough pain. The medical records document that the patient was diagnosed with status post L4-L5 and L5-S1 anterior interbody fusion with subsequent removal of posterior fusion hardware. The patient had complained of low back pain which is decreased up to 60% after spinal cord stimulation. The patient stopped taking Percocet and decreased the intake of Norco as indicated in the report dated 1/9/2014. As the medical records shows the patient on other medications which are covering the chronic pain and as the patient responding significantly to the spinal cord stimulation treatment, the request is not medically necessary according to the guidelines.