

Case Number:	CM14-0036230		
Date Assigned:	06/25/2014	Date of Injury:	04/25/1997
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 48-year-old male who reported an injury on 04/25/1997. The injury reportedly occurred when he was lifting some bales of rugs and twisted his lower back. Upon examination on 04/09/2014, the injured worker complained of middle back pain, left knee pain, and right knee pain. He was taking his medications as prescribed. He stated that the medications were effective. Side effects of the medications included constipation. No medication abuse was suspected. The injured worker had been using Norco for breakthrough pain since 01/2014 due to the pharmacy running out of Percocet. The injured worker stated that Percocet worked much better to control his breakthrough pain. He currently uses over-the-counter medication to help with the constipation caused by his medications, but they only provide minimal relief. Upon examination, the lumbar spine revealed a surgical scar. Range of motion was restricted with flexion, extension, right lateral bending, left lateral bending, and lateral rotation to the left, and lateral rotation to the right. On examination of the paravertebral muscles, tenderness was noted on both sides. Spinous process tenderness was noted on the L3, L4, and L5. The injured worker had diagnoses of status post anterior posterior lumbar fusion, L4-S1 on 10/31/2002; status post subsequent removal of hardware of the lumbar spine on 01/27/2005; status post placement of permanent spinal cord stimulator in 2007; failed back syndrome; chronic pain syndrome; and rule out sacroiliac joint dysfunction. The injured worker received a urinalysis on 02/19/2014. The medications included Lunesta 3mg 1 by mouth every night at bedtime for insomnia, OxyContin 80mg 1 every 8 hours; and Norco 10/325mg 1 to 2 every 4 hours as needed for breakthrough pain. The treatment plan was to return the injured worker to Percocet for breakthrough pain. Also provided was a refill for OxyContin. The injured worker was given samples of Amitiza since it is known to be effective for opioid-induced constipation. He was recommended to try 1 a day and up to 2 if he tolerated it well. The injured worker was also

provided samples of Voltaren gel to try using on his low back as well as his knees to try to help with inflammation and pain. The Request for Authorization form was not provided within the documentation submitted for review. The rationale was to change back to Percocet from Norco due to being more effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 tablet mg SIG: 1-2 tablets every 4 hours as needed BTP QTY: 180.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The injured worker had a history of low back pain. The California MTUS Guidelines state that chronic pain can have a mixed psychological etiology on both neuropathic and non-receptive components. Also, the MTUS states ongoing management actually should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker stated that the Norco was not as effective for breakthrough pain as Percocet, but the request is for Norco. There was a lack of documentation for functional improvement with the use of Norco. The clinical notes state that the provider was changing the Norco back to Percocet. As such, the request for Norco is not medically necessary.