

Case Number:	CM14-0051385		
Date Assigned:	07/07/2014	Date of Injury:	09/09/2005
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 43 year old male who suffered a work related injury on 09/09/05. The injured worker fell from a ladder approximately 12 feet in the air, landing on his heels and injuring his heels and low back. The injured worker suffered bilateral calcaneal fractures and underwent multiple surgeries of both of his ankles including subtalar fusion. The injured worker was treated for his bilateral heel pain and low back pain since then and had been going to pain management. The injured worker had epidural steroid injections, physical therapy, and medications. The most recent progress note submitted for review was dated 06/12/14, the injured worker complained of severe low back pain. The injured worker stated medication was beneficial in reducing his pain and allowed him to function, now that he was without medication his pain increased and he had not been able to perform activities of daily living. The injured worker continued to complain of severe axial low back pain. The injured worker had some burning neuropathic pain affecting both feet; however he had no active radiculopathy. The injured worker described burning pain in the lower extremities; however gabapentin had been beneficial in reducing neuropathic pain. The injured worker remained symptomatic with dyspepsia and aggravation of his acid reflux due to the chronic use of medication. The progress note dated 06/12/14; the injured worker noted that when on medication he had up to 40% improvement in pain and up to 50% improvement of function. Medication allowed him to be comfortable when he was standing, walking, or sitting for long periods of time and it also allowed performance of activities of daily living including self-care needs self-hygiene, meal preparation, and assisting with grocery shopping with his wife. Current medications are Norco 1/325, gabapentin 300mg, Ambien 10mg, and alprazolam 0.25mg. On physical examination of the lumbar spine, diffuse, moderate, bilateral lumbar paraspinous tenderness from L3 through S1 was noted. The injured worker had pain primarily with lumbar extension and rotation bilaterally

and exquisite tenderness to palpation over bilateral L4/5 and L5S1 paravertebral joints. His flexion was 40 degrees, extension 5 degrees with pain, and right lateral rotation 5 degrees and left lateral rotation 5 degrees. Additionally, his sensory exam had a slight decrease bilateral to the lower distal extremities. The injured worker's diagnoses were chronic lumbar spine sprain strain with Right L4-5 radiculopathy per electrodiagnostic testing on 12/20/11. Status post bilateral calcaneal fractures with multiple surgeries including subtalar fusion resulting in neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids.

Decision rationale: The request for Norco 10/325mg #120 is medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines support the request. The injured worker noted when on this medication he had up to 40% improvement in pain and up to 50% improvement of function. The medication also allowed him to perform his activities of daily living including self-care needs, self-hygiene, meal preparation, and assisting with grocery shopping with his wife. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the patient is able to increase his functionality. Therefore, medical necessity has been established. The request is medically necessary.