

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0169422 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 08/19/1983 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Maryland. 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 employee was a 56 year old male who sustained an industrial injury on 08/19/83. He was being treated for thoracic or lumbar intervertebral disc without myelopathy. The progress note from 10/20/14 was reviewed. His prior treatment included MBB bilateral at L4-5 and L5-S1 and medications. He had low back pain that was 7-9/10. Pain was worse with standing and leaning back. He reported 70% improvement with MBB done on 10/9/14. He was taking Norco 10/325mg QID. The medication allowed improvement in function, walking and doing chores around the house. Pertinent objective findings included antalgic gait, tenderness to palpation of lumbar paraspinal musculature, positive facet loading challenge bilaterally at L4-5 and L5-S1 with negative straight leg raising test. CURES report dated 10/20/14 showed Temazepam from an outside source. Urine toxicology was consistent on 07/09/14. Diagnoses included chronic low back pain, lumbar radiculopathy, status post spine surgery and lumbar spine DDD L5-S1. The request was for Norco 10/325mg QID. He was noted to have no side effects from his medications. The provider also noted that Norco will be decreased once the interventional procedures are performed. Last functional evaluation done in July 2014 showed that the pain medications improved his sleep, increased his activities and decreased his pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 68-70.

Decision rationale: The employee was a 56 year old male who sustained an industrial injury on 08/19/83. He was being treated for thoracic or lumbar intervertebral disc without myelopathy. The progress note from 10/20/14 was reviewed. His prior treatment included MBB bilateral at L4-5 and L5-S1 and medications. He had low back pain that was 7-9/10. Pain was worse with standing and leaning back. He reported 70% improvement with MBB done on 10/9/14. He was taking Norco 10/325mg QID. The medication allowed improvement in function, walking and doing chores around the house. Pertinent objective findings included antalgic gait, tenderness to palpation of lumbar paraspinal musculature, positive facet loading challenge bilaterally at L4-5 and L5-S1 with negative straight leg raising test. CURES report dated 10/20/14 showed Temazepam from an outside source. Urine toxicology was consistent on 07/09/14. Diagnoses included chronic low back pain, lumbar radiculopathy, status post spine surgery and lumbar spine DDD L5-S1. The request was for Norco 10/325mg QID. He was noted to have no side effects from his medications. The provider also noted that Norco will be decreased once the interventional procedures are performed. Last functional evaluation done in July 2014 showed that the pain medications improved his sleep, increased his activities and decreased his pain level. According to MTUS, Chronic pain medical treatment guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar sprain/strain and had been on Norco four times a day. He was noted to have improved pain and improved functional capacity with the medication. There was documentation of consistent UDS. He was undergoing interventional procedures as part of the pain management program. Given the clear documentation of safe use, improved pain and function, the request for Norco is medically necessary and appropriate.