

Case Number:	CM14-0189664		
Date Assigned:	11/20/2014	Date of Injury:	07/23/2007
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Interventional Spine 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 a 50 year old male with an injury date of 07/23/07. The patient is status post anterior retroperitoneal exposure of L5-S1 vertebral interspace, as per operative report dated 05/14/14. The patient also underwent right knee repair in 2008 and on 07/15/13, as per progress report dated 10/02/14. In progress report dated 09/15/14, the patient complains of achy, burning and sharp pain in the lumbar spine rated at 7/10. There is sharp pain in the bilateral knees rated at 7/10. Physical examination reveals tenderness and spasm in the lumbar paraspinal, gluteal, piriformis, and hamstring bilaterally. There is tenderness at L2, L3 and L4 as well. Range of motion is limited and straight leg raise is positive bilaterally. Physical examination of the knees reveals tenderness in bilateral medial joint line, and right patella along with tenderness and spasm in bilateral hamstrings and quadriceps. McMurray's test is positive bilaterally. Medications, as per progress report dated 09/15/14, include Naproxen, Cyclobenzaprine topical cream, Ibuprofen, Norco and Omeprazole. The patient is totally and temporarily disabled, as per progress report dated 09/15/14. X-ray of the Lumbar Spine, 07/02/14: 1) Spina bifida occulta at L5, 15 degree levoscoliosis, 3) Mild degenerative osteophyte formation L2-3 and L4-5, MRI of the Cervical Spine, dated 02/15/14, as per progress report dated 08/22/14: 1) Straightening of the normal cervical lordosis from C2 to C6, 2) Degenerative changes of the endplates with known associated marrow edema at C5-C6, 3) Mild spinal canal stenosis, 4) Small posterior disc osteophyte complexes at C3 through C6, Diagnoses, 09/15/14: 1) Displacement of the lumbar intervertebral disc without myelopathy, 2) Degenerative disc disease, 3) Internal derangement bilateral knees. The treater is requesting for NORCO TAB 5-325 mg BID # 90. The utilization review determination being challenged is dated 10/21/14. The rationale was "Medical records do

not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects." Treatment reports were provided from 04/15/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use, Opioids Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88-89.

Decision rationale: The patient complains of achy, burning and sharp pain in the lumbar spine rated at 7/10, as per progress report dated 09/15/14. The request is for NORCO TAB 5-325 mg BID # 90. The patient is status post anterior retroperitoneal exposure of L5-S1 vertebral interspace, as per operative report dated 05/14/14. The patient also underwent right knee repair in 2008 and on 07/15/13, as per progress report dated 10/02/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The prescription for Norco is first noted in progress report dated 04/15/14. The patient has consistently received the medication since then. However, the treater does not discuss a change in pain scale or improvement in function. A urine drug test dated 08/04/14 was consistent with Hydrocodone use. The treater does not document side effects and other aberrant behavior such as CURES reports, pain contract, early refills, etc. Other than the UDS, The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not adequately addressed. The request is not medically necessary.