

Case Number:	CM14-0189910		
Date Assigned:	11/21/2014	Date of Injury:	09/07/2008
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
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 Occupational Medicine 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:

Injured worker (IW) sustained a low back injury on 09/07/08. He is s/p lumbar laminectomy in 2013, and later MRI revealed a disc protrusion and annular tear at L5-S1. Other treatment has included medications, physical therapy, lumbar ESI, and acupuncture. Repeat laminectomy/discectomy was authorized, but surgery was held following a flare of gastrointestinal symptoms and IW elected to defer further back surgery. He is being seen on a monthly basis by his pain management physician as well as by his back surgeon. Office notes document complaints of low back and left lower extremity pain. Medications include Norco 10/325 up to 2 per day for breakthrough pain, omeprazole, and Flexeril. Naproxen had been discontinued due to gastric ulcer. IW reports 4/10 pain with medications and 8/10 pain without medications. He reports that with medications he was able to walk and stand for longer distances and to participate in light activities around the household. He denies medication side effects; no aberrant medication behaviors are documented. A signed medication agreement was in place. Opioid risk assessment determined him to be at low risk for opioid abuse. Drug screens in June and October 2014 were negative for prescribed hydrocodone and its metabolites, but results are not addressed in office notes. On physical exam there is lumbar tenderness and reduced range of motion, with focal neurological deficits to the lower extremities. 10/15/14 AME report documented current medications including Lyrica, hydrocodone, and omeprazole. Future treatment recommendations included over-the-counter anti-inflammatory medication and analgesic medication for pain relief and consideration for spinal fusion. 10/15/14 activities of daily living questionnaire indicated that IW was able to perform all activities, with varying degrees of difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

(60) tables of Norco 10/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS notes lack of evidence for long-term effectiveness of opioids for chronic back pain, and states: "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." However, office notes document symptomatic and functional improvement on Norco. A narcotic agreement is in place and there appears to have been appropriate screening for addiction risk and monitoring for evidence of aberrant medication behaviors and side effects. Negative drug screens have not been addressed in the clinical documentation, but it is noted that claimant is taking a relatively small amount of Norco on a prn basis. Based upon the submitted documentation the requested medication is consistent with MTUS recommendations concerning chronic opioid use and medical necessity is established for the requested Norco.