

Case Number:	CM14-0199869		
Date Assigned:	12/10/2014	Date of Injury:	02/24/2009
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 an industrial low back injury on 02/24/09 while lifting at work. He is s/p 2011 lumbar laminectomy and fusion, with revision laminectomy and L4-S1 fusion in 2013. Office notes state he is s/p 02/20/14 surgery for hardware removal and laminectomies at all levels. 04/21/14 physical therapy evaluation documented complaints of numbness, weakness, and pain in all positions. Average pain level was 5/10. Provider stated that IW was taking Norco one tablet once daily for pain. He wore a back brace continually. 04/28/14 office note stated that he was taking Norco 2-3 times daily, as well as Naprosyn and ibuprofen cream, and was improving. He was noted to be walking 3 miles every other day. PT notes from May through July of 2014 documented ability to sit about 5 minutes prior to significant pain; stand 5-10 minutes prior to 6-8/10 pain; and significant increase of pain with walking 21-30 minutes. 09/08/14 office note documented use of Norco approximately 3 per day. 09/09/14 office note documented complaints of constant 5/10 pain with increase at times to 9/10. 09/22/14 electrodiagnostic studies were interpreted as consistent with peripheral polyneuropathy and active bilateral radiculopathy at L5-S1. 09/24/14 lumbar MRI revealed post-surgical changes without evidence of significant neural impingement or spinal canal stenosis. 09/30/14 AME report documented history of treatments including aquatic therapy, individual psychotherapy (IPT), epidural steroid injections (ESIs), surgery, IV antibiotics for a postoperative Staph infection, medications, and physical therapy. Pain was relieved by medication, ice, and performing yoga exercises. Focal neurological deficits were noted in the lower extremities. Examiner recommended future care including ongoing followup with a pain management specialist for prescription and monitoring of medications, with periodic toxicology assessments and monitoring of liver and kidney function tests. 10/22/14 office note documented residual gait abnormality due to right lower extremity weakness. On exam, IW ambulated with a single-point

cane. There was tenderness over the paralumbar muscles, with guarding and spasm in the quadratus lumborum. Range of motion was restricted due to pain and stiffness. 11/05/14 office note documented complaints of a fall due to right leg numbness, with worsening low back pain. IW had taken 3 Norcos since that morning. Current pain level was 8-9/10. Tenderness over the paraspinal muscles and sacroiliac joint region was noted and multiple articular fixations were noted by treating chiropractic physician. 11/18/14 office note documented complaints of recurrent falls after his legs gave out while shopping. IW reported constipation despite fiber supplements. He reported shooting leg pain and tingling. Sensation was reduced in a bilateral L4-5 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids/medication

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 no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the submitted documentation, MTUS criteria for use of opioids for chronic pain are not met. Office notes document ongoing significant pain and declining function despite what appear to be escalating doses of Norco. Urine toxicology screens or other monitoring for aberrant medication behavior are not documented. Medical necessity is not established for the requested Norco.