

Case Number:	CM14-0202647		
Date Assigned:	12/15/2014	Date of Injury:	03/21/2006
Decision Date:	02/04/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 was a 53-year old male, who was injured on the job March 21, 2006. The injured worker sustained a back injury when positioning a tool bar. The injured workers work status was permentally disabled. The injured worker suffers for chronic back pain with left lumbar radicular component. The injured worker ambulates with a cane. The injured worker was diagnosed with left lumbar radiculopathy. The injured worker had L4-L5 spinal fusion in 2009 and revised L5-S1 laminectomy 2011. According to the progress note of April 21, 2014, the injured worker describes the pain as sharp, burning quality through the lower back. The pain was focused to mid center and radiating pain, with waxing and waning qualities, through the left gluteal region continuing through the posterolateral aspect of the left leg with termination through the foot. In the left leg the injured workers pain was described as a burning quality accompanied by numbness. Aggravating factors were defecation, standing, twisting the torso, coughing, sneezing, lying down, walking, physical activity and sexual activity. Alleviating factors was medication, cold and heat therapy. The injured worker has not tried nerve blocks. According to the progress note of August 6, 2014, the injured worker was to start MS Contin 15mg by mouth 2 times daily and continue Norco for break through pain, due to the cognitive reaction the injured worker had to Opana ER 10mg by mouth 2 times daily. According to the progress note of September 3, 2014, the MS Contin improved the left lower extremity pain. The cognitive state of the injured worker was clear and without any7 ill effects from taking the Norco and MS Contin. The injured worker was also sleeping better. The injured worker was alert and oriented and standing during the physical exam. The last toxicology screen of August 6, 2014, was negative for hydrocodone (Norco). The documentation provided failed to rate pain levels of the injured worker, functional improvement with medication verses without medication or how much Norco the injured worker was taking for breakthrough pain daily. On October 27, 2014,

the UR denied Authorization of Norco 10/325 md as needed for 90 tablets, for the trail to taper total opioid to a lower dose or to cessation if possible, due to the MTYUS guidelines for Chronic Pain; weaning of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325 mg, ninety count is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.