MAXIMUS Federal Services

Case Number:	CM14-0207580		
Date Assigned:	12/19/2014	Date of Injury:	10/17/2011
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male continues to complain of constant lower back and lower extremity pain stemming from a work related injury reported on 10/17/2011. Diagnoses include: failed lumbar back surgery syndrome; lumbar facet arthropathy; lumbar degenerated disc disease; and sacroiliac joint dysfunction. Treatments have included: consultations; diagnostic laboratory and imaging studies; total disc replacement at lumbar 4-5 (7/23/13); nerve block/injection therapy (8/12/14); epidural steroid injections (ESI); physical therapy, aqua therapy, home exercise program, moist heat and stretches; and medication management. This injured worker (IW) is noted to be classified as permanent and stationary, having met maximum medical improvement, and is on modified work duty.Progress noes, dated 5/02/2014, note complaints of, and describe, severe localized lower back pain, the rating of his pain (previous day on a good/bad day, current pain on a good/bad day, noting if pain stays the same/not, the duration, all aggravating factors, and factors that alleviate his pain; medication is noted listed as an alleviating factor. The Goal is noted to be for decreased pain, enhance sleep, improve mobility, improve self-care, and to increase activities, housework and employment. Noted is the pain to be as high as 9/10 on a bad day and 6/10 on a good day. Under the Medication Management, the second paragraph states that "the patient report good pain control from current opioid pain medications", also states an increase in physical activity and improvement with activities of daily living (ADL) with improvement in mood as well as sleep. Also noted is that no side effects from current medications were reported. The treatment plan included continuing Norco 5/325mg 1 tab twice a

day for management of pain. The urine toxicology report, dated 5/5/2014, notes compliance to the medication regimen.No significant changes are noted in the subsequent progress notes of: 6/26/2014, 7/8/2014 and 8/18/2014.The QME report, dated 9/26/2014, notes the pain to the lumbar spine became worse after the 7/2013 surgery, that the right leg was giving out, and that no imaging studies were repeated post-surgery; both post-surgery MRI and an AME evaluation were suggested. The 9/26/2014 pain management progress report notes no relief from the physical and aqua therapies and that the IW is stable on current med regimen; a lumbar MRI was ordered and urine toxicology screen noted compliance with no drug abuse.On 11/10/2014 Utilization Review modified a request for Norco 5/325 mg, #60 to Norco 5/325mg #40 for the purpose of weaning off this medication, and stating that no documentation noted any significant benefit to, or satisfactory response of pain relief from using this medication. Further stated was that severe pain of 8/10 was documented but no trial to optimize non-opioid adjuvant medications was demonstrated which fails to meet MTUS and ACOEM Guidelines. Noted was a lumbar spine MRI dated 11/10/2014 with significant findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco TAB 5-532 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines When to Continue Opioids; Weaning of Medications Page(s): 80-81;. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back-Lumbar and Thoracic (Acute and Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.? The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 5/2014 with minimal improvement, in excess of the recommended 2-week limit. The previous reviewer recommended weaning. As such, the question for Norco 325-5 #60 is not medically necessary.