

Case Number:	CM14-0208977		
Date Assigned:	12/22/2014	Date of Injury:	10/18/2009
Decision Date:	02/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

45y/o female injured worker with date of injury 10/18/09 with related low back pain. Per progress report dated 11/19/14, the injured worker reported pain across the lower back which was axial in nature. He rated his pain 3/10, which was manageable. The pain was aggravated when he attempted to straighten or extend the lumbar spine. He was experiencing occasional spasms across the mid back. Per physical exam, there was tenderness to palpation over the posterior lumbar musculature bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles. There was muscle guarding with the range of motion testing. Deep tendon reflexes were 2/4 at the patella and Achilles tendon bilaterally. Muscle testing was 5/5 in the bilateral lower extremities. Sensation was intact. Straight leg raise was positive bilaterally. Treatment to date has included physical therapy, and medication management. The date of UR decision was 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management of Opioids Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the latest progress report available for review dated 11/19/14, it was noted that the injured worker underwent a very successful lumbar facet rhizotomy at bilateral L3, L4, and L5 on 9/18/14 which provided at least 80% pain relief to her lower back. She rated her low back pain 3/10 and was able to cut back on the amount of Norco she took on a daily basis from 2 tablets a day to only as needed, which was evident with her urine drug screen collected that day, which was negative for opiates. I respectfully disagree with the UR physician's denial based upon the fact that the injured worker was negative for hydrocodone as it being used PRN. The request is medically necessary.