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| Case Number: | CM15-0000541 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 10/15/2009 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker (IW) is 60 year old male, who sustained an industrial injury on 10/15/2009. He has reported low back pain, worse with activity and lifting with associated with right and left leg pain and was diagnosed with low back pain, lumbar spinal stenosis and acquired spondylolisthesis. Treatment to date has included laminectomy and foraminotomy on 1/31/2012, lumbar41- sacral 1 fusion on 8/15/2014, epidural steroid injection on 3/20/2010, diagnostic studies, laboratory studies, radiographic imaging, oral medications and treatment modalities. Currently, the IW complains of low back pain with associated burning in the right and left legs. The IW reported pain in the back after a work related injury on 10/15/2009. It was noted the IW underwent two lumbar procedures and an epidural steroid injection (ESI). He required pain medications and was noted to have continued low back pain. After the second lumbar procedure on 8/15/2014, he reported some improvement of symptoms. Over the following weeks, follow up reports noted decreasing the amount of narcotic medication the IW was taking. An improvement in symptoms was noted although low back pain was still a complaint. At two weeks post-op, the last renewal of Oxycontin was ordered. The request currently included Norco 10/325 as needed for low back pain. On December 16, 2014, Utilization Review partially certified a request for #180 Norco 10-325, Certifying #60, noting the MTUS and ODG was cited. On December 22, 2014, the injured worker submitted an application for IMR for review of a request for #180 Norco 10-325. 12/23/14 medical report noted that the patient has 5-7/10 pain. He has substantial benefit with medications and no evidence of drug abuse, diversion, or aberrant behavior. UDS on 11/24/14 was WNL and the patient gets 90% improvement in pain. He is said to be on the lowest

effective dosing and has attempted to wean with increased pain, suffering, and decreased functional capacity. Patient is also utilizing a long-acting opioid and the current prescription for Norco is for one every four hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is noted to be utilizing a long-acting opioid in addition to Norco (6/day). The provider notes 90% improvement in pain with the medication, but this is not consistent with reported pain levels of 5-7/10, and there is no indication of significant functional improvement as recommended by the CA MTUS. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.