

Case Number:	CM15-0007604		
Date Assigned:	01/22/2015	Date of Injury:	12/03/2008
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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

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 is a 51-year-old male with a reported date of injury on 12/03/2008; the mechanism of injury was not provided. The injured worker's diagnoses include lumbar radiculopathy, post lumbar laminectomy syndrome, and spasm of the muscle. Prior previous treatments were noted to include bilateral L5 laminectomy and posterior fusion at L5-S1 on 06/04/2009 and medication use to include tramadol, gabapentin, ibuprofen, and Norco. The latest clinical note, dated 12/30/2014, noted the injured worker had subjective complaints of back pain that radiated from the low back down into the left lower extremity. It was noted at the time that pain was rated 8/10 with medications and 9/10 without. On physical examination, it was noted the injured worker has an antalgic gait, as well restricted range of motion in all directions. On palpation of the paravertebral musculature, it was noted that there were spasms and tenderness on the left greater than right. In addition, it was noted the injured worker could not heel walk or toe walk. Lumbar facet loading was positive on the left side, and straight leg raise was positive on the left side at 65 degrees. Motor strength on bilateral extremities was grossly measured at 4/5 on the right and 3/5 on the left. Sensory examination demonstrated decreased sensation to light touch over the anterior thigh on the right side and the bilateral L4-5 dermatomes. Additionally, it was noted that UDS was performed and was positive for opioids and Oxycontin. Under the treatment plan, the physician was noted to change Norco 5/325 mg twice a day to Norco 10/325 mg 1/2 a tab twice a day, as it was noted that the injured worker's Norco had only been approved for 30 tabs instead of the prescribed 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The California MTUS Guidelines state that short acting opioid medications, such as Norco, may be recommended for controlling chronic pain. However, the guidelines continue to state that patients have been taking opioid medications for ongoing management of chronic pain should have documentation of pain relief, functional status, appropriate medication use, and side effects to include an adequate pain assessment which should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long pain relief lasts. There is lack of documentation that this requested medication provided the injured worker adequate therapeutic benefit, as it was noted that with medication, the injured worker's pain was 8/10 and without was 9/10. Additionally, there was lack of objective measurable response from the medication such as increased level of function with the use of the medication. Furthermore, it remains unclear how long the injured worker has been taking the medication and there was a lack of an adequate pain assessment provided within the documentation. Moreover, changing the dosage of a narcotic medication from a lower dosage to a higher dosage due to the physician not being able to get approval for 60 tablets is not appropriate. Therefore, the request for Norco 10/325 mg #30 is not medically necessary.