

Case Number:	CM15-0102860		
Date Assigned:	06/05/2015	Date of Injury:	12/07/2001
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 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, who sustained an industrial injury on 12/07/2001, while employed as a concrete finisher and setter. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, injections, physical therapy, and medications. Magnetic resonance imaging of the lumbar spine (10/26/2014) showed trace anterolisthesis with severe facet arthropathy, previous L3-4 central synovial cyst no longer present and central stenosis improved from severe to moderate, solid anterior decompression and fusions at L4-5 and L5-S1 in good alignment, and no residual central or foraminal stenosis at L4-5 and L5-S1. Currently (3/30/2015), the injured worker complains of complains of pain, rated 7/10. It was documented that the previously requested medial branch block for mechanical back pain, epidural injection for radiculopathy, and decompression for L3-4 were denied. Objective findings included quadriceps strength 4/5 on right and 4-/5 on left, with positive tension signs. Sensory exam noted diffuse changes in the L3-4 dermatome and deep tendon reflexes in patella 1+. The treatment plan (request) for 5/14/2015 included Norco, noted as pre-operative pain management medication. The use of Norco was noted for at least one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with diagnoses of degeneration of lumbar or lumbosacral intervertebral disc. Currently the patient complains of lumbar pain. The current request is for Norco 10/325mg quantity 240 pre op pain management meds. The treating physician, in his 3/30/15 (150B) treating report states he "requested from the insurance carrier authorization for a medial branch block for mechanical back pain and an epidural injection for radiculopathy and finally a request for decompression L3-L4." The physician goes on to state "At this juncture the patient has life time medical awarded but he is being denied every form of treatment." For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.