

Case Number:	CM15-0130887		
Date Assigned:	07/17/2015	Date of Injury:	07/12/2012
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 50 year old male, who sustained an industrial injury on July 12, 2012. He reported neck, back, bilateral knees, and left ankle injuries. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, facet arthropathy, left ankle arthralgia, and possible hernia. Diagnostic studies to date have included: On June 6, 2014, an MRI of the lumbar spine revealed dextroscoliosis with degenerative disc disease, facet arthropathy, and retrolisthesis at lumbar 5-sacral 1. There was neural foraminal narrowing including mild right lumbar 2-3, mild to moderate left and moderate right at lumbar 3-4, and caudal right neural foraminal narrowing at lumbar 4-5 and lumbar 5-sacral 1. Surgeries to date include: Left knee arthroscopy with medial meniscectomy on July 14, 2014 and right knee arthroscopy with medial meniscectomy on November 3, 2014. Treatment to date has included 24 sessions of chiropractic therapy, 24 sessions of acupuncture, work modifications, a medial branch block, and medications including opioid analgesic, topical analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 8, 2015, the injured worker complained of constant, achy neck pain and stiffness. He reported difficulty with range of motion. The frequency of his headaches has decreased to once a week. His current pain level was 5/10. He complained of constant, stabbing pain across the beltline, worse on the right than the left. He reported numbness and weakness in the posterior aspect of the bilateral lower extremities. The radiating pain was greater in the right lower extremity than the left. In addition, he complained of cramping, spasms, and pain in the buttocks. His current pain level was 7/10. His pain is rated 6-7/10 without medications and 3-4/10 with medications. The physical exam revealed a normal

gait, limited range of motion with spasms of the lumbar spine into the lumbar paraspinal region, and palpable tender, nonmobile masses into the lumbar paraspinal region that are greater on the right side. There was decreased sensation of the left lumbar 4, lumbar 5, and sacral 1 dermatomes. There was mild decreased strength of the left tibialis anterior and extensor hallucis muscles and tibialis anterior and extensor hallucis longus inversion and eversion. The strength of the right psoas, quadriceps, and hamstrings inversion and eversion was mildly decreased. There were bilateral hyporeflexive patellar and Achilles reflexes. The right straight leg raise was positive at 60 degrees with pain to the knee. The treatment plan includes Norco 10/325MG one three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. There was lack of physician documentation of the least reported pain since last assessment, the intensity of pain after taking the opioid, time of onset for pain relief, duration of pain relief, improvement in pain, and improvement in function. In addition, the documentation did not include a recent urine drug screen to support compliance of treatment with Norco, which would be necessary for continued usage. Therefore, medically necessity for Norco has not been established. The requested medication is not medically necessary.