

Case Number:	CM15-0134453		
Date Assigned:	07/22/2015	Date of Injury:	12/20/2010
Decision Date:	08/19/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year-old male patient who sustained an industrial injury on 12/20/2010. A recent pain management office visit dated 06/25/2015 reported the patient with subjective complaint of significant low back pain radiating down into the lower extremity with associated parasthesia's. He feels unstable and utilizes a cane to ambulate. He did undergo surgical repair on 08/22/2013. There is also mention of being deemed permanent and stationary by the primary treating physician. The following diagnoses were applied: post-surgical lumbar syndrome of 08/22/2013; back pain with muscle spasm; migraine headaches, and right knee pain. The plan of care noted involving Fentanyl 25mcg, Norco 10/325mg, Cymbalta, Gabapentin 800mg. In addition, there is recommendation to obtain a second surgical opinion and consideration for a spinal cord stimulator trial. A secondary treating office visit dated 01/27/2015 reported the patient continues with significant low back pain, which increases with the colder weather. He is pending an evaluation for his right knee and cannot ambulate as much. He also continues with significant headaches. There is no change in the treating diagnoses. Medications consisted of: Percocet 10/325mg, Fentanyl 25mcg, Neurontin 600mg, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post-surgical lumbar syndrome; back pain and muscle spasms; migraine headaches; and right knee pain. The date of injury is December 20, 2010. Request for authorization is dated July 2, 2015. According to a QME dated January 15, 2015, a medication review indicates a treating provider prescribed Norco 10/325mg as far back as 2009. Norco has been continued through the present. A progress note dated June 25, 2015 (and the utilization review) indicates the injured worker is permanent stationary, underwent surgery in 2013, suffers with chronic pain and exhibits no red flags. According to the pain management progress note, there is a surgical opinion indicating no further surgery is required. There is no clinical rationale in the medical record for a combination of Fentanyl, Percocet and Norco. The documentation indicates current medication in the form of Fentanyl and Percocet reduces pain from 9/10 down to 4/10. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There has been no attempt at weaning Norco. Consequently, absent subjective and objective clinical documentation demonstrating objective functional improvement to support ongoing Norco (with ongoing Fentanyl and Percocet) and the injured worker remains disabled (not working), Norco 10/325mg # 90 is not medically necessary.

Consultation for spinal surgery second opinion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, consultation for spinal surgery second opinion is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in

the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are postsurgical lumbar syndrome; back pain and muscle spasms; migraine headaches; and right knee pain. The date of injury is December 20, 2010. Request for authorization is dated July 2, 2015. According to a QME dated January 15, 2015, a medication review indicates a treating provider prescribed Norco 10/325mg as far back as 2009. Norco has been continued through the present. A progress note dated June 25, 2015 (and the utilization review) indicates the injured worker is permanent stationary, underwent surgery in 2013, suffers with chronic pain and exhibits no red flags. According to the pain management progress note, there is a surgical opinion indicating no further surgery is required. There is no documentation of a progression of clinical symptoms and signs. Additionally, as noted above, there is surgical opinion indicating no further surgery is required. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, consultation for spinal surgery second opinion is not medically necessary.