

Case Number:	CM15-0135663		
Date Assigned:	07/24/2015	Date of Injury:	12/29/2003
Decision Date:	09/17/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina, Georgia Certification(s)/Specialty: Family Practice

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 59-year-old male, with a reported date of injury of 12/29/2003. The mechanism of injury was a slip and fall. The injured worker's symptoms at the time of the injury included low back pain with radiation into the buttocks and occasionally into the legs and calves. The diagnoses include disorders of the sacrum, thoracic compression fracture at T11, and constipation. Treatments and evaluation to date have included radiofrequency ablation of bilateral lumbar facet nerves on 02/10/2015, lumbar median branch block on 01/06/2009 and 05/06/2009, lumbar facet radiofrequency ablation on 07/07/2009, oral medications, topical pain medications, physical therapy, acupuncture, and TENS (transcutaneous electrical nerve stimulation) unit. According to the medical report dated 02/17/2015, the diagnostic studies to date have included an MRI of the lumbar spine on 04/01/2014 which showed moderate-severe degenerative disc disease at L4-5, mild narrowing of the bilateral lateral recess, mild-to-moderate bilateral neural foraminal narrowing, and a lesion in the T11 vertebral body; electrodiagnostic studies of the bilateral lower extremities on 09/29/2004 which showed normal findings; and electrodiagnostic studies of the bilateral lower extremities on 09/29/2005 which showed normal findings. The medical report dated 06/09/2015 indicates that the injured worker presented with chronic low back pain. It was noted that he has had 8 or 9 physical therapy sessions for the back, and had about 3 more session left. The injured worker reported that Norco helped to reduce his pain by about 30-40%. He was able to continue the exercise program and household duties. The injured worker denied having constipation, heartburn, nausea, abdominal pain, black tarry stools, or the throwing up of blood. It was noted that an MRI of the lumbar spine showed evidence of

subacute superior compression fracture at the L1 vertebral body and central disc bulging and spurring with bilateral L4-5 neural foraminal stenosis. The objective findings include an antalgic gait; and normal muscle tone without atrophy in the bilateral lower extremities. The injured worker was prescribed Norco 10-325mg #240, two tablets every six hours for pain. There was documentation that the injured worker had postponed lumbar spine surgery at that time, and wanted to continue with more conservative treatment. The injured worker will follow-up in four weeks. It was noted that he was permanent and stationary. The treating physician requested Norco 10-325mg #240 (date of service: 06/09/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg, quantity: 240 (date of service: 06/09/2015):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record and letter of appeal note that the use of medication reduces pain from 9/10 to 7/10 on visual analog scale. The claimant is able to do household chores and perform exercise program with use of medication. Urine drug screens have been consistent with prescribed medication. The letter of appeal states that the medication is used for "breakthrough pain" and that the claimant uses medication 2 pills q 6 hours. 240 pills are requested for a month's supply. The letter of appeal says that there has been some weaning (from #270/month to #240) and that there has been discussion of switching to extended release medication but that the claimant is hesitant to do so. The use of 2 Norco 10/325 four times daily every day does not qualify as use for "break through pain". It is inappropriate to use a short acting medication in this fashion. If ongoing opioid therapy is felt to be necessary, a switch to a long acting formulation would be indicated and is the responsibility of the treating physician to facilitate. The record does not support medical necessity of ongoing opioid therapy with Norco 10/325 #240. The request is not medically necessary.