

Case Number:	CM15-0139826		
Date Assigned:	07/30/2015	Date of Injury:	06/02/2014
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, California

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:

This is a 35 year old male who sustained an industrial injury on 06/02/2014. Diagnoses include lumbar spine strain with radicular complaints with Magnetic Resonance Imaging evidence of discopathy at L4-5 and L5-S1, status post L4-5 and L5-S1 microdiscectomy left sided and a hemilaminectomy foraminotomy decompression of 03/30/2015. Per the doctor's note dated 6/24/2015, he had complaints of intermittent low back pain with radiation to the both legs. Per the physician progress note dated 06-11-2015 he had complaints of low back pain with radicular symptoms. The physical examination revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater than sciatic notch and muscle spasms. Per the physician progress note dated 6/3/2015, he had complaints of low back pain with radiation to the lower extremities with tingling and numbness. Examination of the spine revealed tenderness to palpation about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; muscle spasm and restricted range of motion due to the pain, positive Patrick Faber's test is positive. Medications include Norco and Soma. He is temporarily totally disabled. Per the records provided patient was authorized norco 90 tablets on 6/3/2015 for weaning purpose. He has had EMG/NCS dated 9/8/14 which revealed left L5 and S1 radiculopathy; lumbar MRI dated 6/30/14. He has undergone L4-5 and L5-S1 microdiscectomy left sided and a hemilaminectomy foraminotomy decompression on 03/30/2015. He has had physical therapy, chiropractic sessions, acupuncture,

lumbar spine epidural injections for this injury. Treatment plan includes post-operative physical therapy. Treatment requested is for Norco tab 10-325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Page 75-80.

Decision rationale: Q-- Norco tab 10-325mg #100. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. In addition, per the records provided patient was authorized norco 90 tablets on 6/3/2015 for weaning purpose. Rationale for prescribing additional 100 tablets of norco after 8 days on 6/11/15 is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco tab 10-325mg #100 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the requested treatment is not medically necessary.