

Case Number:	CM15-0161502		
Date Assigned:	08/28/2015	Date of Injury:	07/07/2009
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 38 year old male, who sustained an industrial injury on 07-07-2009 resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for radiating low back pain. Medical records (to 07-29-2015) indicate ongoing low back pain with significant improvement after lumbar fusion surgery (05-2015). Records also indicate no changes in activities of daily living. Per the pain management progress report, the injured worker has not returned to work. The physical exams, dated 05-27-2015 and 07-29-2015, revealed no changes in the physical exam findings which included tenderness and muscle spasms in the lumbosacral junction, multiple trigger points, tenderness over the bilateral sciatic notches, gluteus medius and maximus, positive straight leg raise to 30° on the left, mildly decreased motor strength in the lower extremities (left greater than right), and decreased sensation in the L5 and S1 distributions bilaterally. Relevant treatments have included L5-S1 discectomy and fusion surgery (05-13-2015) resulting in a 50% reduction in sciatica pain and a reported 75% reduction in pain medications; however, the injured worker was still taking Norco 10-325mg 3 times daily, Tramadol 50mg 2 twice daily, gabapentin 600mg 3 times daily, and Flexeril 7.5mg as needed. The treating physician indicates that a MRI of the lumbar spine (2014) showed a 3-4mm disc herniation with annular tear at L4-5 and a 9mm disc herniation with compression of the right S1 nerve root with bilateral lateral recess and bilateral foraminal stenosis, and electrodiagnostic testing of the lower extremities (2014) showing chronic bilateral S1 radiculopathy (greater involvement on the left). Other treatments have included physical and aquatic therapies, acupuncture, and 4 epidural steroid injections. The narcotic risk assessment showed severe depression, a low-to-moderate risk for misuse of narcotics, moderate risk for addiction, compliance with CURES (dated 10-2014), and a pending urinalysis. No urine

drug testing results were available for review. The request for authorization (07-29-2015) shows that the following medication was requested: Norco 10-325mg #90. The original utilization review (08-06-2015) partially approved a request for Norco 10-325mg #90 for weaning, stating that the injured worker was being weaned for addictive and aberrant behavior. The medication list includes Norco, Tramadol, Lunesta, Celebrex and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Norco 10/325mg #90. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "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." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the 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." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The physical exams, dated 05-27-2015 and 07-29-2015, revealed no changes in the physical exam findings which included tenderness and muscle spasms in the lumbosacral junction, multiple trigger points, tenderness over the bilateral sciatic notches, gluteus medius and maximus, positive straight leg raise to 30 on the left, mildly decreased motor strength in the lower extremities (left greater than right), and decreased sensation in the L5 and S1 distributions bilaterally. The patient's surgical history included L5-S1 discectomy and fusion surgery (05-13-2015). The treating physician indicates that a MRI of the lumbar spine (2014) showed a 3-4mm disc herniation with annular tear at L4-5 and a 9mm disc herniation with compression of the right S1 nerve root with bilateral lateral recess and bilateral foraminal stenosis, and electrodiagnostic testing of the lower extremities (2014) showing chronic bilateral S1 radiculopathy (greater involvement on the left). Patient has had a trial of Tramadol and NSAID for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg #90 is medically necessary and appropriate in this patient.