

Case Number:	CM15-0162234		
Date Assigned:	08/28/2015	Date of Injury:	04/13/2011
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on April 13, 2011. He reported low back pain with left lower extremity pain, tingling and numbness into the left foot. The injured worker was diagnosed as having status post left sided lumbar decompression, left sided lumbar decompression revision and left hip intra-articular pain. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker continues to report low back pain with left lower extremity pain, tingling and numbness into the left foot. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 20, 2015, revealed continued pain as noted. His post-operative lumbar wound was noted to have stopped draining. He noted residual left leg and lumbar pain. He rated his pain at 8 on a 1-10 scale with 10 being the worst and described a pins and needles sensation of the left lower extremity. Medications including Norco were continued. Evaluation on July 7, 2015, revealed continued pain rated at 8 on a 1-10 scale without medications and at 6 on a 1-10 scale with 10 being the worst with the use of medications. It was noted lumbar x-rays from May 27, 2015, revealed moderate to severe degenerative disc disease. 90 Norco 7.5/325mg were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 7.5/325mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 55 year old patient complains of low back pain and left lower extremity pain, rated at 8/10, as per progress report dated 05/20/15. The request is for 90 NORCO 7.5/325mg. The RFA for this case is dated 07/07/15, and the patient's date of injury is 04/13/11. The patient is status post left-sided L5-S1 decompression on 08/21/14, and status post left-sided L3-S1 revision decompression on 01/13/15. Diagnoses also included left hip intra-articular pain. Medications, as per progress report dated 07/07/15, included Norco, Voltaren gel, Zanaflex and Trazodone. The patient is temporarily totally disabled, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/ 24hrs." In this case, several progress reports are handwritten and difficult to decipher. The prescription for Norco is first noted in progress report dated 02/03/15. It is not clear when this treatment was initiated. As per progress report dated 07/07/15, medications reduce pain from 8- 9/10 to 4-5/10. They increase the patient's ability to walk from 10 minutes to 20 minutes. With medications, the patient is able to sit for 1 hour instead of 15 minutes. The patient is better able to do housework, laundry, cooking/dishes, bathing/self-care, and dressing. The UDS report is consistent. There is no aberrant behavior and the medications do not lead to any side effects, as per the same progress report. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request appears reasonable and IS medically necessary.