

Case Number:	CM15-0163907		
Date Assigned:	09/01/2015	Date of Injury:	05/01/2008
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 44 year old male, who sustained an industrial injury on 5-1-08. Initial complaints were of multiple fractures including left distal radius, left proximal humerus, and pelvic dislocation. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post ORIF left proximal humerus left distal radius pubis symphysis and pelvic dislocation with SI fixation; physical therapy; medications. Diagnostics studies included MRI lumbar spine (1-30-15). Currently, the PR-2 notes dated 7-14-15 indicated the injured worker was seen as a follow-up evaluation of back pain, low back pain and lumbar complaints. He is experiencing back stiffness and pain. His pain has existed for an extended amount of time due to his industrial injury. He reports his back flexion and hip rotation worsens his condition. Back pain is described as aching, burning, stabbing, throbbing, spasming, shooting, pressure and shoots down the left leg. The severity of his condition is a 7-8 out of 10 and is located in the lumbar area and lower back. He also complains of cervical pain reporting turning his neck to the left or right, or up and down worsens his condition. His pain is described as aching, burning, pressure, shooting, tender, tingling, numbness and at times only with a severity of 3 out of 10. He complains of left shoulder pain with aching and decreased range of motion. He indicates lifting worsens the condition and rest improves it. He describes the pain as aching, burning, cramping, radiating, shooting, throbbing, numbness, sore and clicking. The severity of the pain intensity is reported as 5 out of 10. He complains of left elbow pain that is reported as 5 out of 10 in the left antecubital fossa, left proximal inner forearm and left distal inner arm with lifting worsening the condition. He has hand and wrist pain that is rated 3 out of

10 with aching and weakness and numbness. He also presents with left leg pain described as dull, pulling, and numb on a pain scale of 5 out of 10 and standing or activity worsens the conditions. Medications improve the pain level. The provider documents the injured worker is a status post left sacroiliac fixation, left distal radius fracture, left ulnar fracture, left proximal humerus fracture repairs on 5-2-08. He has a removal of wrist spanning plate on 8-1-08. A MRI of the lumbar spine dated 1-30-15 impression reveals: 1) there is an acute central and larger on the left-side L5-S1 disc extrusion displacing the left S1 nerve root. 2) There are signal abnormalities in the spinal canal at T11-12. This is either a dura with thickening-calcification or intradural extramedullary. Calcific arachnoiditis may have this appearance. He has had surgical consultation that reviewed diagnostic studies and reports hardware is in good alignment and no need to removal any of the hardware, but may be a surgical candidate for intervention at L5-S1. He discussed epidural steroid injections but the injured worker is hesitant. The injured worker reports substantial benefit from his medications and the provider documents no evidence of drug abuse or diversion or aberrant behavior. The provider is requesting authorization of Retro Norco 5-325 mg #150 with a dos of 7-14-15. The patient has had UDS in past which were inconsistent for opioid. The patient has had UDS on 4/17/2015 that was within normal limits. The medication list include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 5/325 mg #150 with a dos of 7/14/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines-Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Retro Norco 5/325 mg #150 with a dos of 7/14/2015. 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 injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post ORIF left proximal humerus left distal radius pubis symphysis and pelvic dislocation with SI fixation; physical therapy; medications. Currently, the PR-2 notes dated 7-14-15 indicated the injured worker was seen as a follow-up evaluation of back pain, low back pain and lumbar complaints. He is experiencing back stiffness and pain. His pain has existed for an extended amount of time due to his industrial injury.

He reports his back flexion and hip rotation worsens his condition. He also complains of cervical pain reporting turning his neck to the left or right, or up and down worsens his condition. He complains of left shoulder pain with aching and decreased range of motion. He complains of left elbow pain that is reported as 5 out of 10 in the left antecubital fossa, left proximal inner forearm and left distal inner arm with lifting worsening the condition. He has hand and wrist pain that is rated 3 out of 10 with aching and weakness and numbness. The provider documents the injured worker is a status post left sacroiliac fixation, left distal radius fracture, left ulnar fracture, left proximal humerus fracture repairs on 5-2-08. He has a removal of wrist spanning plate on 8-1-08. The injured worker reports substantial benefit from his medications and the provider documents no evidence of drug abuse or diversion or aberrant behavior. The patient has had UDS on 4/17/2015 that was within normal limits. There is no evidence of aberrant behavior. 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 Retro Norco 5/325 mg #150 with a dos of 7/14/2015 is deemed medically necessary and appropriate in this patient.