

Case Number:	CM15-0163972		
Date Assigned:	09/01/2015	Date of Injury:	11/18/2013
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 11-18-13. Initial complaint was of his lumbar pain. The injured worker was diagnosed as having lumbar sprain-strain; right knee strain-sprain; sleep disturbance. Treatment to date has included physical therapy; lumbar epidural steroid injections; aquatic therapy; acupuncture; TENS unit; lumbar brace; medications. Diagnostics studies included MRI lumbar spine (2-13-14; 12-22-14). Currently, the PR-2 notes dated 4-17-15 indicated the injured worker was seen in the clinic on this date for his headaches, low back pain radiating to the legs associated with numbness and weakness, erectile dysfunction; difficulty sleeping, depression and loss of memory and anxiety. He reports his prescribed medications, the use of the IF 4 unit at home, acupuncture treatment and chiropractic therapy that is helping his symptoms. The provider reviews his MRI of the lumbar spine with flexion-extension dated 12-22-14 impression reveals degenerative discogenic spondylosis primarily at L5-S1. At levels L1-L2, L2-L3, L3-L4 the report notes diffuse concentric disc protrusion deforming the ventral thecal sac. L4-L5 and a broad based left paracentral disc extrusion with underlying diffuse concentric protrusion deforms with ventral thecal sac, contributing to mild to moderate spinal stenosis and moderate neuroforaminal narrowing with encroachment of the exiting nerve roots. Moderate-severe lateral recess narrowing is seen, more prominent on the left with impingement of the left descending nerve root and encroachment of the right descending nerve root. The L5-S1 notes a broad-based right paracentral disc extrusion with underlying diffuse concentric disc protrusion indents the ventral epidural fat, contributing to mild-moderate spinal canal stenosis and moderate neuroforaminal

narrowing with encroachment of the exiting nerve roots. Moderate-severe lateral recess narrowing is seen, more prominent on the right, with impingement of the right descending nerve root and encroachment of the left descending nerve root. On physical examination, the provider documents tenderness to palpation over the right paralumbar muscles and the right sciatic notch producing pain that radiates to the right leg. He notes mild atrophy on the right leg. He has tenderness to palpation over the medial knee joint and the McMurray's test is positive for medial meniscus abnormality. His motor strength is 5 out of 5 bilaterally with hypesthesia at L5 and S1 dermatomes. Deep tendon reflexes are 2+ bilaterally. The injured worker has had lumbar epidural steroid injections four times. The first is reported on 11-18-2013 and then on 5-1-14 with greater than 60% relief lasting 6-7 weeks. The next one was given on 8-21-14 and reported as beneficial; the last one done on 2-18-15 is reported as no improvement. His treatment plan includes a continuation of acupuncture and chiropractic treatment, home exercise and IF 4 unit for pain symptoms. The provider is requesting authorization of Norco TAB 7.5-325mg TID #90. The medication list include Norco, Xanax, Soma and Omeprazole. The patient has had UDS on 2/18/15 that was consistent for Hydrocodone and Alprazolam. The patient had received an unspecified number of PT visits for this injury. The patient had used a TENS unit for this injury. Patient had received lumbar ESIs for this injury. Patient was recommended for lumbar surgery by a neurosurgeon. The patient has had history of DM and HTN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco TAB 7.5-325mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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: Norco TAB 7.5-325mg TID #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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A 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 the overall situation with regard to nonopioid 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 functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS 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. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications (antidepressants/anticonvulsants), without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco TAB 7.5-325mg TID #90 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.