

Case Number:	CM15-0169717		
Date Assigned:	09/10/2015	Date of Injury:	11/08/2013
Decision Date:	10/13/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	08/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 37 year old male who sustained an industrial injury on 11-08-2013. According to a progress report dated 08-11-2015, the injured worker reported aching pain in the low back with burning and aching down the left lateral leg. He had been doing physical therapy a coupled times a week. He had significant difficulty sleeping. He had been having significant pain. He was currently taking Percocet, Tramadol ER and Cymbalta with fairly good relief. Pain level was rated 8 on a scale of 1-10 before medication, coming down to 6 with medications. He was taking half a tablet of Gabapentin with no significant benefit. Recently he had been trying to do some small projects of woodwork. He walked on a regular basis. He was helping take care of his children. He had an upcoming appointment with a psychiatrist. Current medications included Percocet, Ambien, Tramadol ER and Cymbalta. Physical examination of the lumbar spine demonstrated tenderness in the paraspinal muscles L4 through S1 and also in the facets at the same level. Sacroiliac and sciatic notch were nontender. Range of motion continued to be decreased to about 40 degrees of flexion, 10 degrees of extension. He had pain with both. Reflexes of the patella were 2+, Achilles 2+ on the right and 1+ on the left. Sensation was decreased in the left lateral leg. Patrick's was negative. Gaenslen's was negative. Straight leg raise was positive on the left causing pain down the lateral leg. Gait was mildly antalgic. Impression included postlaminectomy syndrome status post L4-L5, L5-S1 fusion on 01-07-2015, prior left L5 transforaminal epidural steroid injection without benefit, left L4-L5 partial discectomy in 2014 without benefit, chronic low back pain with radicular symptoms in left leg and L5 radiculopathy from electromyography of 09-12-2014. CURES report from 08-10-2015

was consistent. Urine toxicology on from 07-14 was consistent. There was a signed opioid agreement in place. Prescriptions included Norco 10-325 mg 1 tablet every 6 hours as needed #120, Cymbalta 60 mg 1 cap daily and Tramadol ER 150 mg every day to twice a day. On 08-22-2015, Utilization Review non-certified the request for retrospective (date of service 8-11-15) 1 prescription of Norco 10-325 mg #120, noting that there was no objective evidence of functional improvement with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 8/11/15) 1 prescription of Norco 10/325mg #120: Upheld

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, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Retrospective (dos 8/11/15) 1 prescription of Norco 10/325mg #120 is not medically necessary per the MTUS Guidelines. The MTUS states that opioids are not indicated over 16 weeks for low back pain and minimally indicated for radicular pain. The MTUS does not support ongoing opioid use without increase in function, improvement in pain, or improved quality of life. The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. Without significant objective evidence of increased long term function or improvement in pain the request for continued Norco is not medically necessary.