

Case Number:	CM15-0180493		
Date Assigned:	09/22/2015	Date of Injury:	03/13/2013
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 53-year-old female, with a reported date of injury of 03-13-2013. The diagnoses include low back pain, displaced lumbar intervertebral disc, spinal lumbar stenosis, thoracic and lumbar neuritis and radiculitis, and spondylosis of an unspecified site. Treatments and evaluation to date have included left L4-5 and L5-S1 transforaminal epidural steroid injection on 05-29-2014, lumbar epidurography on 05-29-2014, Norco (since at least 02-2015), Gralise (since at least 02-2015), Cymbalta (failed), Meloxicam (failed), Toradol injection, Medrol Dosepak, and lumbar spine surgery. The diagnostic studies to date have included an MRI of the lumbar spine on 07-29-2015 which showed status post left laminectomy at L2-3 with slight fibrosis diminished since 2014, degenerative disc disease at L2-3, L4-5, and L5-S1, degenerative joint disease in the facets at L4-5 and L5-S1, and moderate to severe left neural foraminal stenosis at L5-S1 at the site of the left L5 nerve new from 2014 and possible left L5 radiculopathy; a urine drug screen on 02-19-2015 which was positive for hydrocodone-acetaminophen. According to the medical report dated 05-19-2015, the injured worker underwent electrodiagnostic studies which showed chronic neuropathy of the muscles that reassured the L2, L3, and L4 myotomes. The progress report dated 08-25-2015 indicates that the injured worker presented for follow-up on chronic low back pain and left leg pain. She was permanent and stationary associated to the condition. It was noted that the injured worker was being managed on Norco three times a day. She tried one tablet a day, but was not able to tolerate the symptoms; and tried two tablets a day, without success. She returned to three times a day to assist in improved function. The current subjective findings include aching sensation in

the lower lumbar spine with aching pain radiating down the left posterior leg to the ankle with burning sensation in the foot, and pain radiated up the spine toward the neck. The injured worker rated her current pain level 7 out of 10; and 8 out of 10 on 07-09-2015. It was noted that the injured worker had failed gabapentin. An examination of the lumbar spine showed tenderness throughout the lumbar spine, tenderness of the posterior superior iliac spine and left sciatic notch, intact sensation in the lower extremities, positive left straight leg raise test, and back pain with right straight leg raise test. The treating physician stated that prior urine drug screen and CURES report "have been appropriate". The treatment plan included the continuation of Gralise, which had effectively managed the neuropathic pain symptoms including sleep tolerance; and a prescription for Norco. It was noted that the injured worker had appropriate pain reduction by greater than 50% with the use of medication. She did not report any adverse reactions and she reported functional improvements of tolerance for her job eight hours a day, as well as improved walking tolerance up to 20 minutes. The injured worker's work status was noted at permanent and stationary. The request for authorization was dated 08-26-2015. The treating physician requested Norco 10-325mg #90 with one refill and Gralise 600mg #90 with three refills. On 09-02-2015, Utilization Review (UR) non-certified the request for Norco 10- 325mg #90 with one refill and Gralise 600mg #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 1 refill: 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 for chronic pain, Opioids, dosing.

Decision rationale: The requested Norco 10/325mg, #90 with 1 refill is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents". The injured worker has aching sensation in the lower lumbar spine with aching pain radiating down the left posterior leg to the ankle with burning sensation in the foot, and pain radiated up the spine toward the neck. The injured worker rated her current pain level 7 out of 10; and 8 out of 10 on 07-09-2015. It was noted that the injured worker had failed gabapentin. An examination of the lumbar spine showed tenderness throughout the lumbar spine, tenderness of the posterior superior iliac spine and left sciatic notch, intact sensation in the lower extremities, positive left straight leg raise test, and back pain with right straight leg raise test. The treating physician stated that prior urine drug screen and CURES report "have been appropriate". The treatment plan included the continuation of Gralise, which had effectively managed the neuropathic pain symptoms including sleep tolerance; and a prescription for Norco. It was noted that the injured worker had appropriate pain reduction by greater than 50% with the use of medication. She did

not report any adverse reactions and she reported functional improvements of tolerance for her job eight hours a day, as well as improved walking tolerance up to 20 minutes. The injured worker's work status was noted at permanent and stationary. The treating physician has documented the medical necessity and measures of opiate surveillance for this low opiate load narcotic. The criteria noted above having been met, Norco 10/325mg, #90 with 1 refill is medically necessary.

Gralise 600mg, #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The requested Gralise 600mg, #90 with 3 refills is medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction". The injured worker has aching sensation in the lower lumbar spine with aching pain radiating down the left posterior leg to the ankle with burning sensation in the foot, and pain radiated up the spine toward the neck. The injured worker rated her current pain level 7 out of 10; and 8 out of 10 on 07-09-2015. It was noted that the injured worker had failed gabapentin. An examination of the lumbar spine showed tenderness throughout the lumbar spine, tenderness of the posterior superior iliac spine and left sciatic notch, intact sensation in the lower extremities, positive left straight leg raise test, and back pain with right straight leg raise test. The treating physician stated that prior urine drug screen and CURES report "have been appropriate". The treatment plan included the continuation of Gralise, which had effectively managed the neuropathic pain symptoms including sleep tolerance; and a prescription for Norco. It was noted that the injured worker had appropriate pain reduction by greater than 50% with the use of medication. She did not report any adverse reactions and she reported functional improvements of tolerance for her job eight hours a day, as well as improved walking tolerance up to 20 minutes. The injured worker's work status was noted at permanent and stationary. The treating physician has documented the percentage criteria for continued use of this anti-convulsant. The criteria noted above having been met, Gralise 600mg, #90 with 3 refills is medically necessary.