

Case Number:	CM15-0183186		
Date Assigned:	09/24/2015	Date of Injury:	11/16/2000
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male with an industrial injury dated 11-16-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus and bilateral knee degenerative joint disease. Medical records (3-26-2015 to 8-26-2015) indicate ongoing low back and lower extremity complaints. The injured worker is status post lumbar epidural steroid injection (ESI) on 1-22-2014 with 50% pain relief in the low back and 50% relief in legs. Medication use decreased by approximately 50% and functional ability increased 50% with increased activity level and endurance, which lasted over three months. The pain has now started to return as previous. The injured worker complained of low back pain that radiates down left lower extremity as previous posterior and lateral with numbness and tingling. Pain level was 8 out of 10 on a visual analog scale (VAS). Objective findings (3-26-2015 to 7-22-2015) revealed antalgic gait favoring the left, decreased sensation at left posterolateral thigh, decreased left FHL (flexor hallucis longus), and positive straight leg raises on the left. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the lumbar spine revealed L5-S1 (3 millimeter) and left paracentral with neuroforaminal stenosis. According to the progress note dated 08-26-2015, the injured worker reported continued low back pain with tingling radiation to leg and foot, left greater than right. The injured worker also reported continued bilateral knee pain and decrease in activities of daily living. Objective findings (8-26-2015) revealed tenderness to palpitation at L5-S1, tenderness to palpitation of paraspinal with spasm, pain with flexion and extension, and positive straight leg raises, left greater than right. Bilateral knee exam revealed 0-120 degrees range of motion and tenderness to

palpitation with crepitus. Treatment has included diagnostic studies, prescribed medications, injections, home exercise program and periodic follow up visits. Medical records indicate that the injured worker has been on Norco since at least 03-26-2015. Request for authorization dated 08-27-2015, included requests for Norco 10-325mg #90. The utilization review dated 09-01-2015, non-certified the request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127 Key points are as follows. The claimant was injured in 2000 with lumbar herniated nucleus pulposus and bilateral knee degenerative joint disease. The injured worker complained of low back pain that radiated down left lower extremity as previous posterior and lateral with numbness and tingling. Medical records indicate that the injured worker has been on Norco since at least 03-26-2015. Objective, functional improvement out of the opiate usage is not documented. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.