

Case Number:	CM15-0183468		
Date Assigned:	09/24/2015	Date of Injury:	11/15/2011
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
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 65 year old male who sustained an industrial injury on 11-15-2011. Medical records indicated the worker was treated for failed back surgery syndrome; chronic pain syndrome; anxiety and depression; status post anterior lumbar interbody fusion at L4-5 and L5-S1 with excellent relief of back and lower extremity pain; status post transforaminal lumbar interbody fusion at L3-L4 (02-25-2013) with residual severe low back pain; Facet arthropathy at L1-2, L2-3, L3-4; fusion at L3-4, L4-5, and L5-S1 with mild bony central canal stenosis at L4-5, and mild bony neural foraminal stenosis at L4-5 and L5 S1; Chronic low back pain; and neuropathic pain in the bilateral lower extremities. In the provider notes of 08-12-2015, the worker is seen for complaint of constant low back pain rated a 6 on a scale of 0-10 with radiation to the bilateral lower extremities accompanied by numbness and tingling. He reports soreness of his back and body and stress. Current medications of Norco and Cymbalta provide him with 60-70% symptomatic relief and increase in activities of daily living. He reports no side effects with medications, and is currently participating in a home exercise program. On exam, he has tenderness to palpation over the L4-5 and L5-S1 musculature. Lumbar spine range of motion is decreased by 50%. Straight leg raise test, Braggard's test, and Kemp's test are positive bilaterally. The treatment plan included medication refills. A request for authorization was submitted for Norco 10/325 mg 1 po Q 4-6 hrs PRN #120. A utilization review decision 09-04-2015 modified the request to approve Norco 10/325 #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 po Q 4-6 hrs PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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. 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 clearly 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. In this case, I would agree with Norco as needed for a post laminectomy syndrome case, but also agree with the original utilization review that the amount requested is excessive for a PRN dosing. Therefore, the request as submitted is not medically necessary.