

Case Number:	CM15-0184655		
Date Assigned:	09/25/2015	Date of Injury:	09/03/1996
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania

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 47 year old male, who sustained an industrial injury on 9-3-1996. The injured worker was being treated for lumbar or thoracic radiculopathy, back pain, and postlaminectomy lumbar. On 8-25-2015, the injured worker reported chronic low back and left leg pain. Associated symptoms include intermittent left leg weakness, and numbness and tingling in bilateral legs, left greater than right. His pain was rated 5 out of 10 on visual analogue scale. His pain is aggravated by physical activity and relieved by medication, rest, and spinal cord stimulator. Current medications include pain (Norco since at least February 2015), muscle relaxant (Soma), and non-steroidal anti-inflammatory (Naprosyn as needed). He reported taking the Norco once or twice a day. Analgesic and functional benefit was provided by his medications. He was able to relax more, sit 3 or more hours comfortably, stand 1 hour before fatigued, and walk up to 60 minutes before pain. The physical exam (8-25-2015) revealed the lumbosacral implant site was hyperpigmented with possible thinning. There was tenderness to palpation of the midline tenderness to palpation at approximately L1-L2 (lumbar 1-lumbar 2), pain with lumbar spine flexion and extension with axial rotation, worse to the right than the left. On 7-30-2015, a urine drug screen was positive for Hydrocodone, Norhydrocodone, Hydromorphone, and Meprobamate. Surgeries to date have included a lumbar spinal cord stimulator implantation in 2013 and 3 lumbar surgeries including a L3-L4 (lumbar 3-lumbar 4) fusion. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, spinal cord stimulator, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. On 9-9-2015, the requested treatments included Norco 5/325mg #30. On 9-1-2015, the original utilization review modified a request for Norco 5/325 #15 (original request for #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: 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: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used between 7/1/15 and 8/25/15. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 5/325 mg #30 is not medically necessary.