MAXIMUS Federal Services

Case Number:	CM15-0191191		
Date Assigned:	10/05/2015	Date of Injury:	06/12/2014
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 61-year-old male, who sustained an industrial injury on 02-10-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for shoulder joint pain, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. Medical records (07-17-2015 to 09-15-2015) indicate ongoing chronic constant low back pain radiating to right lower extremity, and chronic right shoulder and arm pain. Pain levels were 7 out of 10 on a visual analog scale (VAS) on 07-17-2015. A lumbar epidural steroid injection (LESI) was completed on 07-29-2015, which was reported to provide almost complete pain relief; however, by 09-15-2015, the IW was reporting that pain was coming back but was still feeling about 50% pain relief. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not working. The physical exam, dated 09-15-2015, reported a pain level of 7 out of 10, and revealed a slow antalgic gait, unable to heel or toe walk, slight weakness in the right leg, diminished sensation to pain at the right L5-S1, decreased range of motion in the right shoulder with abduction causing pain at 90°, positive facet loading test in the lumbar spine, and positive straight leg raise on the right. There were no changes from the previous exam dated 07-17-2015. Relevant treatments have included: LESIs with pain relief for several months, physical therapy (PT), work restrictions, and pain medications (tramadol for at least several months). The IW reports that current medications (ibuprofen and tramadol) are causing stomach issues, and not providing solid pain relief. The treating physician indicates that MRI of the lumbar spine (2013) showed diffuse degenerative disc disease at L4-5 and L5-S1, facet joint arthritis, and L4-5 anterior

listhesis. The request for authorization (09-16-2015) shows that the following medication and services were requested: tramadol 50mg #60, spinal cord stimulator trial, and psychological evaluation for spinal cord stimulator trial. The original utilization review (09-23-2015) non-certified the request for tramadol 50mg #60, spinal cord stimulator trial, and psychological evaluation for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #15: 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, long-term assessment.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was no clear indication for initiating and using Norco. In addition, there was insufficient baseline pain levels and function levels stated prior to recommending this medication, nor was there any comment on how effective it was if used prior to this request. Therefore, this request for Norco will be considered medically unnecessary to continue.