MAXIMUS Federal Services

Case Number:	CM15-0197179		
Date Assigned:	10/12/2015	Date of Injury:	01/05/1990
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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, North Carolina
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 62 year old male, who sustained an industrial injury on 1-5-1990. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome of the lumbar spine with intractable pain, spinal cord injury, intrathecal and short acting opiate, sleep disturbance, and knee pain. On 8-27-2015, the injured worker reported low back pain rated 10 out of 10 with interval pain rated 7 out of 10, increased from the pain rating of 6 out of 10 and interval pain rating of 4-10 out of 10 noted on 7-9-2015.The Primary Treating Physician's report dated 8-27-2015, noted the injured worker's pump was helping with the low back pain but he reported more upper lumbar pain, noting the Ibuprofen had not been helping as much as previously and was requesting the Norco be restarted. A urine drug screen (UDS) on 5-21-2015 was noted to be consistent for prescribed medications without aberrancies. The injured worker was noted to be using Diazepam 4 per day. The physical examination was noted to show the injured worker in a wheelchair, with no erythema tenderness or swelling at the left lower quadrant and flank at the pump site. Prior treatments have included failed lumbar surgery, physical therapy, chiropractic treatments, epidural steroid injections (ESIs), and intrathecal opioid therapy, Ibuprofen, Miralax, Valium, Baclofen, Morphine, Lexapro, Zantac, Gabapentin, and Methadone. The treatment plan was noted to include a Toradol injection for an acute flare, refill and re-programming of the pump with Dilaudid, a trial of diclofenac, and Norco dispensed. The request for authorization was noted to have requested Diclofenac 75 mg qty 60 with 1 refill, 1 by mouth 2 times daily and Norco 10/325 mg Qty 60, 1 oral by mouth 2 times daily as needed. The Utilization Review (UR) dated 9-9-2015, certified

the request for Diclofenac 75 mg qty 60 with 1 refill, 1 by mouth 2 times daily and non-certified the request for Norco 10/325 mg Qty 60, 1 oral by mouth 2 times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60, 1 oral by mouth 2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This patient received an industrial injury 25 years ago and is diagnosed with failed lumbar back surgery syndrome and chronic pain. His pain is primarily managed with Dilaudid via an intrathecal pain pump. His dosage of Dilaudid was significantly reduced secondary to the side effect of somnolence. He was then stated on Norco 10/325 bid for break-through pain. The objective of the intrathecal pain pump, however, was to eliminate the need for oral narcotics, which have now been restarted. There is no evidence of an attempt to titrate the Dilaudid dosage upward or try an alternate intrathecal pain medication. Therefore, based on the above findings, the request for oral Norco is not medically necessary or appropriate.