

Case Number:	CM15-0197519		
Date Assigned:	10/13/2015	Date of Injury:	04/02/1991
Decision Date:	11/24/2015	UR Denial Date:	09/12/2015
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: 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 57 year old female, who sustained an industrial injury on 4-2-91. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; Left Sacroiliac Joint Injection (3-24-15; 6-23-15); medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker returns to this office as a follow-up examination. The provider documents "She continues to struggle with ongoing pain about her low back, which stems from her severe degenerative disease throughout her spine. Because of severe spinal condition, she continues to be in need of supportive care and fortunately the medication given her in the office reduces her VAS scores and allows her to have an improved quality of life. Without the medications, the pain is quite debilitated and severely affects her activities of daily living. In addition to her chronic back pain and pain that is radiating into her left leg, as of recent she has been experiencing some pain about the outside of her left hip. She denies any new or recent trauma to the area." Procedure notes submitted for review dated 3-24-15 and 6-23-15 indicted the provider has administered left sacroiliac joint injections on these dates. On physical examination, the provider documents "there is tenderness to palpation about the lower lumbar spine and lower lumbar paraspinal musculature. There is also tenderness to palpation down into the left gluteus and over into the left greater trochanteric area. She is very guarded in motion and ambulates with a cane. His active voluntary range of motion of the thoracolumbar spine was severely limited. She was only able to forward flex about 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. In addition, lateral bending was also limited as she was only able to laterally bend 5 degrees before stopping to

complain of pain in either direction. The straight leg raising test produces pain about the low back and buttock as well as some pain into the outside of her left hip. Passive internal and external rotation of the left hip produces pain about the outside of the left hip. Resisted manual muscle testing reveals weakness with left hip abduction and weakness of the ankle dorsiflexion bilaterally. X-rays of the lumbar spine in the AP and lateral views show severe degenerative disc disease with multiple level fusions about the back. Level directly above the fusion notes advanced adjacent-level disease with retrolisthesis." The provider gave her a prescription on this date for Norco that would last her the "next couple of months". There is no definitive documentation that documents the initial prescribing date for Norco. A Request for Authorization is dated 10-7-15. A Utilization Review letter is dated 9-12-15 and non-certification for Norco 10-325mg #150 with 2 refills. A request for authorization has been received for Norco 10-325mg #150 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids, criteria for use.

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

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco since September 2014 without evidence of significant benefit in pain or function to support long-term use. The request for Norco 10/325 mg #150 is not medically appropriate and necessary.