

Case Number:	CM15-0200073		
Date Assigned:	10/15/2015	Date of Injury:	07/13/2006
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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, California 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:

This is a 49 year old male patient who sustained an industrial injury on 7-13-06. The diagnoses include status post right L4-5 hemilaminectomy 3-27-07, posterior lumbar interbody fusion 3-18-11, with residual bilateral lower extremity radiculopathies right greater than left, lumbar spinal cord stimulator implant 6-14-12, history of severe anorectal dysfunction with fecal incontinence, voiding dysfunction, obstipation, pelvic pain and spasm, sacral nerve SCS implant 11-13-14, urinary voiding and erectile sexual dysfunction, bilateral carpal tunnel syndrome, status post carpal tunnel release 6-11-07, status post inguinal hernia repair 5-2007, possible rupture, left shoulder myoligamentous injury secondary to fall 1-3-13, status post cerebrovascular accident with right hemiparesis 2-9-14, and medication induced gastritis. Per the doctor's note dated 9-17-15, he had complaints of ongoing debilitating pain in the lower back radiating down the right lower extremity rated as high as 7 out of 10; left shoulder pain persists with any overhead activity. The physical examination revealed cervical spine tenderness to palpation, trigger points, positive: Tinel's, Phalen's and pronator drift (right), tenderness to palpation of the lumbar spine, and range of motion: flexion 45, extension 15, left and right lateral bend 20. Per the progress note dated 5/18/15, urine drug testing was performed and the result was noted as negative for opiates which is consistent, since he ran out of his medications 3 days prior and the sample was sent for formal testing. The medications list includes Norco since at least 5-18-15, Anaprox, Prilosec, Prozac, Remeron, Ativan, Doral, topamax, zanaflex and Elavil. Per the Notes dated 5-18-15, he has been able to cut back on the amount of Norco he takes on a daily basis as he was taking up to 10 tablets a day but has cut back to one tablet 3 times a day which was noted to give him pain relief and keep him functioning doing most

household chores and activities of daily living. It is noted on 9-18-15 that he tried to cut back further on the amount of Norco but was unable to do so at this time and that he has tried Ultracet but does not like the way it makes him feel. The patient has history of severe depression and suicidal ideations. He had a urine toxicology report on 5-18-15 which was positive for Tramadol and Lorazepam and negative for hydrocodone (consistent as he ran out of his medications three days ago). He had a urine toxicology report on 7-17-15 which was positive for hydrocodone, cannabinoids, Xanax and lorazepam. He has undergone right L4-5 hemilaminectomy on 3-27-07, posterior lumbar interbody fusion on 3-18-11, lumbar spinal cord stimulator implant on 6-14-12, sacral nerve SCS implant on 11-13-14, carpal tunnel release on 6-11-07 and inguinal hernia repair in 5-2007. It is noted (9-17-15) that the lumbar spinal cord stimulator is providing 30-40% pain relief to the lower back and radicular symptoms in the lower extremities. He had Botox, Corticosteroid injection left shoulder (5-19-14), trigger point injections, home exercise, and cognitive behavioral psychotherapy for this injury. On 9-30-15, the requested treatment of Norco 10-325mg three times a day #90 was modified to Norco 10-325mg three times a day #60 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #90: Overturned

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

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

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." Per the records provided the patient had chronic pain in the lower back radiating down the right lower extremity rated as high as 7 out of 10; left shoulder pain persists with any overhead activity. The patient has significant objective findings on the physical examination-cervical spine tenderness to palpation, trigger points, positive: Tinel's, Phalen's and pronator drift (right), tenderness to palpation of the lumbar spine, and range of motion: flexion 45, extension 15, left and right lateral bend 20. The patient has a history of multiple surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non opioid medications including Prozac, Remeron, topamax, zanaflex and Elavil and naproxen. The last urine drug screen report on 7/17/15 was consistent for hydrocodone. Per the Notes dated 5-18-15, he has been able to cut back on the amount of Norco he takes on a daily basis as he was taking up to 10 tablets a day but has cut

back to one tablet 3 times a day which was noted to give him pain relief and keep him functioning doing most household chores and activities of daily living. It is noted on 9-18-15 that he tried to cut back further on the amount of Norco but was unable to do so at this time and that he has also tried Ultracet. The request for Norco 10/325mg TID #90 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.