

Case Number:	CM15-0200511		
Date Assigned:	10/15/2015	Date of Injury:	03/15/2012
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 3-15-12. The injured worker was diagnosed as having lumbar spinal stenosis; neck pain; headache tension; long-term use of medications. Treatment to date has included physical therapy; aquatic therapy; status post lumbar bilateral laminectomy and foraminotomy L1-2, L2-3, L3-4, L4-5 and L5-S1 decompression L1-S1 nerve roots and cauda equine L1-S1 posterior spinal fusion L2-S1 segmental spinal pedicle screw instrumentation (2-9-15); medications. Currently, the PR-2 notes dated 9-2-15 indicated the injured worker presents to this office for a follow-up of her low back and leg pain and weakness. She is a status post bilateral L4-5 and L5-S1 epidural steroid injection performed on 9-9-14 and then a status post lumbar decompression extensive surgery on 2-9-15. The injured worker reports continued pain in her left knee following a car accident several months ago. She reports seeing a provider and was told she has a bone bruise and to ice the knee several times a day. She continues to follow-up with the spine surgeon as she recovers from lumbar spine surgery with her next appointment scheduled 9-22-15. She reports continued numbness, which extends from her lumbar spine into her buttock area bilaterally. She reports she has had 2 incidents of fecal incontinence which she found very distressing and discussed this with the surgeon. She reports taking ibuprofen 800mg up to 5-6 times daily for pain and inflammation and reports sometimes this provides adequate relief, however there are times she would like something stronger. She also reports she has been taking methadone for approximately 11 years in the past and also uses Norco which provided adequate relief. She will be released to go back to work full duty next month and is concerned about being able to perform her usual duties, as well as financial obligations if she cannot return. The provider

notes a physical examination "spasm and guarding is noted lumbar spine". The provider treatment plan notes he would like her in a multidisciplinary program for functional restoration and to continue her medication regime and discussed Norco to be taken once or twice daily for more severe pain and not to escalate her dose. A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-15-15 and modified the certification for Norco 10-325mg #45 (prescription dated 9-2-15) to allow #41 only. A request for authorization has been received for Norco 10-325mg #45 (prescription dated 9-2-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45 (Rx 9/2/15): Overturned

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

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

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, support of function and the absence of drug related aberrant behaviors. This individual has been on long term opioids in the past and apparently had weaned herself off them some time ago. She is taking excessive NSAIDs during flare-ups and the requesting physician wants to trial Norco on a limited prn basis for flare-ups in place of the excessive NSAIDs. There is a plan for a return to work trial in the near future. Under these circumstances, the new trial of Norco 10/325mg #45 (Rx 9/2/15) is medically reasonable and is medically necessary. This can be re-reviewed in the future if the trial does not appear to produce benefits per Guideline standards.