

Case Number:	CM15-0205990		
Date Assigned:	10/22/2015	Date of Injury:	04/17/2000
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 42 year old male who sustained an industrial injury on April 17, 2000. Medical records indicated that the injured worker was treated for low back pain and right leg pain. His medical diagnoses include right sacral 1 radiculitis secondary to right lumbar 5 to sacral 1 disc extrusion with spinal stenosis, status post bilateral lumbar 4 to lumbar 5 discectomy, post laminectomy instability, status post global decompression, fusion and instrumentation of lumbar 4 to lumbar 5. In the provider notes dated from July 27, 2015 to September 17, 2015. The injured worker complained of increasing low back pain with weakness and numbness of the right leg. In provider notes dated July 27, 2015 the injured worker complains of low back pain radiating into his right posterior thigh and calf with numbness and of his right foot. His symptoms are aggravated by lying supine with hips and knees extended, coughing, sneezing, straining, walking more than one block, standing more than 5 minutes, sexual intercourse and sitting on his right buttock. He uses a cane on occasion and feels his right leg is weaker than his left leg. He has difficulty walking on his right tip toe or heel. He has pain relief assuming the fetal position or when he takes pain medications. On exam, the documentation stated he is able to walk on his tip toes , but is unable to walk on his right heel. He has severe right leg pain with forward flexion greater than 30 degrees. He tolerates lumbar extension at 10 degrees. There is tenderness over the right sciatic notch. The right sciatic nerve stretch is positive at 30 degrees. There is decreased sensation of the right sacral 1 dermatome. The documentation noted "the June 10, 2015 lumbar MRI showed a large right L5 S1extruded disc fragment inferior to the disc space and dorsal displacement of the right S1 nerve root. There are postoperative changes at" lumbar 4 to lumbar 5 "without evidence of central canal or foraminal narrowing. There was mild facet hypertrophy at" lumbar 3 to lumbar 4 "with foraminal narrowing." In the provider notes dated September 4, 2015

he did have an epidural injection and "he states the injection flared up the lower back." "He has had epidurals in the past in 2000 and also did not work, but he was told that he should at least try the epidurals again to see if they would provide benefit after having the fusion." He rates his pain 8 on the pain scale and 5 on the pain scale after taking pain medications. After taking pain medications, he is able to cook, prepare meals, do dishes, some light chores, go to school, and is able to stand and work around 30 minutes to an hour longer. On exam, the documentation stated he has increased flexion and is able to extend into a neutral position. The treatment plan is continued observation, pain control and modification of activity. A Request for Authorization was submitted for 180 Norco 10 325 mg. The Utilization Review dated October 16, 2015 non-certified 180 Norco 10 325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325mg #180 is medically necessary.