

Case Number:	CM15-0206037		
Date Assigned:	10/22/2015	Date of Injury:	06/25/2013
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51-year-old male, with a reported date of injury of 06-25-2013. The diagnoses include low back pain, degeneration of lumbar or lumbosacral intervertebral disc, lumbar spinal stenosis without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis. The progress report dated 09-28-2015 indicates that the injured worker had occasional right leg numbness and cramp. The injured worker complained of low back pain, rated 5 out of 10 (08-25-2015 and 09-28-2015) most of the time, with muscle spasm on the right side. He also had bilateral leg pain, with radiation down to the knee at times from the posterior and then the lateral thigh. It was noted that Norco helped with the pain. The injured worker rated his pain (08-25-2015 and 09-28-2015) 7-8 out of 10 with medication and 5-6 out of 10 after chiropractic treatment. The treating physician noted that the pain was better with medication, and allowed him to do his activities of daily living and work full-time. There were no aberrant behaviors noted and no adverse side effects. According to the medical report, a urine drug screen was performed on 06-23-2015, which showed hydrocodone only, which was consistent. The objective findings include a normal gait; mild upper lumbar scoliosis; flexion at 35 degrees; extension at 18 degrees; lateral flexion at 15 degrees; mild limitation with positive Kemp's sign; deep tenderness at bilateral lumbo-sacral iliac junctions along midline L4-S1 lumbar spine; tightness with trigger points at left gluteus, piriformis, and other upper hip muscle groups; negative bilateral straight leg raise, except for low back pain, hamstring tightness, and hip muscle pain; and intact sensory. The injured worker was instructed to return to full duty. The diagnostic studies to date have not been included in the medical records. Treatments and

evaluation to date have included chiropractic treatment, physical therapy, Celebrex, Valium, and Norco (since at least 04-2015). The request for authorization was dated 09-28-2015. The treating physicians requested Norco 10-325mg #120. On 10-05-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage having been receiving this medication since at least 4/15. It should also be noted that this request alone exceeds the guideline. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or increased level of function. As such, the request for Norco 325/10mg # 120 is deemed not medically necessary.