

Case Number:	CM15-0206100		
Date Assigned:	10/23/2015	Date of Injury:	11/29/2010
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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, Florida, 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 30 year old male, who sustained an industrial injury on 11-29-2010. The injured worker was being treated for lumbar disc herniation with bilateral lower extremity radiculopathy, lumbar facet hypertrophy, status post PLIF at L4-5 and L5-S1, medication induced gastritis, and status post left knee arthroscopic surgery in 10-2013. Treatment to date has included diagnostics, lumbar spinal surgery in 2012, and medications. On 9-10-2015, the injured worker complains of ongoing low back pain with radiation down his left lower extremity. Pain was rated 6 out of 10 with medication regimen, 8 out of 10 without (unchanged from 8-13-2015). He was not interested in any further surgical intervention of the lumbar spine but was ready to proceed with trial of spinal cord stimulation, since he was not going to have any surgical intervention on his left knee. His left knee pain continued to limit both his mobility and activity tolerance. His current medication regimen included Norco 10-325mg (up to 4 times daily), which provided "40% pain relief lasting three to four hours" and allowed him to care for his daughter. He also required Topamax for radicular symptoms, and Restoril for sleep. The use of Anaprox and Prilosec was also noted. The treating provider documented no aberrant behavior and taking "the least amount of medications which enables him to function on a daily basis and improve his quality of life". Exam of the lumbar spine noted tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points, decreased and painful range of motion, and lower extremity strength 4 to 4+ of 5. Straight leg raise was positive. Sensation was decreased along the L5-S1 distribution. Exam of the left knee noted tenderness to palpation along the medial and lateral joint line and mild crepitus. Urine toxicology, collected 4-21-2015

and 8-13-2015, was negative for all tested analytes. The use of Norco was noted since at least 3-2015. The treatment plan included Norco 10-325mg #120, modified by Utilization Review on 9-25-2010 to Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This claimant was injured 5 years ago and has back issues. The claimant is post PLIF at L4-5. The Norco provides 40% subjective pain relief. Objective, functional improvements were not fully explored. The medicine has been taken since at least March. The medicine was modified in the last review from 120 to 60 with an eye toward titrating the medicine. The medicine reportedly helps him take care of his daughter. The pain lowers by just two points on the VAS scale. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. The pain only subjective appears to improve on the VAS scale by 20%, and other than daughter care, there are no clear, objective functional improvements noted. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been fully addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.