

Case Number:	CM15-0222227		
Date Assigned:	11/17/2015	Date of Injury:	05/04/2010
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male who sustained an industrial injury on 05-04-2010. Medical records indicated the worker was treated for lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis and chronic pain. The worker has been treated by a pain specialist with medications that have included Norco (since at least 07-29-2015) and Tizanide (since at least 07-29-2015). In the provider notes of 09-22-2015, the worker has subjective complaint of frequent non-radiating low back pain with muscle weakness in the right lower extremity. He describes his pain as aching, sharp, and stabbing. His pain is aggravated by activity, prolonged sitting, standing and walking. He complains of frequent muscle spasms in the low back on the right. His average pain with medications is rated as a 7 on a scale of 0-10 without medications is a n 8 on a scale of 0-10, and he reports his pain as worsened since his last visits. He reports limitations in the following areas due to pain: activity, ambulation, hand function, sleep, sex, and interference with activities of daily living over the past month is rated as a 6 on a scale of 0-10. He reports that his current opioid pain medication is helpful and he has moderate notable improvement due to this therapy. Areas of functional improvement as a result of this therapy include: exercising at home, sitting, sleeping, standing, and walking in the neighborhood. He reports improved quality of life with his medication therapy. On examination, there is spasm at L3-5. There is tenderness on palpation of the L4-S1 spinal vertebral areas. Lumbar range of motion was moderately limited due to pain. Sensory exam showed decreased strength in the bilateral lower extremities dermatomal level L4-5. His treatment plan is for a

lumbar medial branch block as a diagnostic tool, and medication refills. He has done well with medications and has no red flags. A request for authorization was submitted for: 1. Norco 5/325mg, #30. 2. Tizanidine HCL 2mg, #30 with 1 refill. A utilization review decision 10/20/2015 approved the: Tizanidine HCL 2mg, #30 with 1 refill and non- approved the Norco 5/325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: Upheld

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. In April 2015 medications were decreasing pain on average from 7/10 to 5/10. Norco 5/325 mg #30 was being prescribed. In July 2015 medications were decreasing pain from 7/10 to 6/10. In September 2015, he had worsening pain since the previous visit. Medications were now decreasing pain from 8/10 to 7/10. Physical examination findings included appearing in moderate distress. There was a slow and antalgic gait with use of a cane. He had lumbar tenderness with decreased and painful range of motion. There was decreased lower extremity strength and sensation with positive straight leg raising. Facet signs were positive. Authorization for lumbar medial branch blocks was requested. Medications were continued at the same dose. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, this medication has not provided what is considered a clinically significant decrease in pain since July 2015. Continued prescribing at this dose is not medically necessary.