

Case Number:	CM15-0032452		
Date Assigned:	02/25/2015	Date of Injury:	02/25/2013
Decision Date:	04/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who sustained an industrial injury on 02/25/2013. Diagnoses include musculoligamentous sprain/strain of the lumbar spine, degenerative disc disease with herniated nucleus pulposus L4-5 with progressive deficits, status post anterior lumbar discectomy and fusion with allograft, cage and plate at L4-L5 on 04/22/2014, and depression. Treatment to date has included work modifications, home exercise program, sessions of physical therapy, cognitive behavioral therapy, epidural steroid injection, and an anterior lumbar discectomy and fusion with allograft, cage and plate at L4-L5 on 04/22/2014 and medications. A physician progress note dated 01/21/2015 documents the injured worker has pain rated 7 out of 10 without medications and 4 out of 10 with medications. He has muscle spasms in the lower back which are improved with the muscle relaxer. He is using Norco for breakthrough pain and is weaning. The Tramadol helps with the weaning. He has minimal lumbar tenderness though he has palpable spasms. Lumbosacral range of motion is decreased 20%. Treatment requested is for Norco 10/325mg #90. On 02/20/2015 Utilization Review non-certified the request for Norco 10/325mg #90 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain rated 7/10 without medications and 4/10 with medications. The patient's date of injury is 02/25/13. Patient is status post anterior lumbar discectomy and fusion with allograft and hardware placement on 04/22/14, status post unspecified lumbar ESI - dates not provided. The request is for NORCO 10/325MG #90. The RFA is dated 12/16/14. Physical examination dated 12/15/14 reveals tenderness to palpation of the lumbar paraspinal muscles, palpable paraspinal muscle spasms, negative straight leg raise and bowstring tests bilaterally. The patient is currently prescribed Naproxen, Cyclobenzaprine, Norco, and Tramadol. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request of Norco for the management of this patient's intractable pain, the request appears reasonable. Progress notes provided indicate that this patient has been taking Norco since at least 12/15/14. Progress note dated 01/21/15 provides a reduction in pain from 7/10 to 4/10 attributed to this patient's opiate medications. The same progress note states: "the medications allow improved ADL's including the ability to ambulate, use the bathroom, provide self care, cook, and clean" and discusses a lack of aberrant behaviors. A consistent urine toxicology report dated 12/05/14 was also provided. The provided documentation satisfies the 4A's as required by MTUS to substantiate continued use of this medication. The request IS medically necessary.