

Case Number:	CM15-0035830		
Date Assigned:	03/04/2015	Date of Injury:	10/10/2012
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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 52 year old male, who sustained an industrial injury on October 10, 2012. The diagnoses have included status post lumbar spinal surgery status post compression fracture of the lumbar spine, severe depression and anxiety with suicidal ideation, gastric issues, cervical spine sprain/strain, and bilateral feet sprain/strain. Treatment to date has included lumbar spinal surgery, and medications. Currently, the injured worker complains of cervical spine, lumbar spine, bilateral shoulder, hip, ankle, and foot pain. The Treating Physician's report dated January 16, 2015, noted the injured worker could not stand fully erect, walking with a very slow and antalgic gait pattern with visible grimacing as he was in severe pain. Examination of the cervical spine revealed tenderness over the paraspinal and trapezius muscles bilaterally, with positive Spurling's bilaterally and positive cervical compression. Examination of the lumbar spine revealed significant decreased range of motion (ROM) with tenderness and hypertonicity over the paraspinal muscles equally, and decreased strength and sensation bilaterally 4/5 at L4, L5, and S1. Examination of the right ankle revealed slightly decreased range of motion (ROM) with tenderness over the lateral and medial malleolus and examination of the left hip revealed decreased range of motion (ROM) with tenderness over the iliac crest. On February 10, 2015, Utilization Review non-certified Norco 10/325mg #120, noting the request was modified to approve Norco 10/325mg #60 for weaning to off over the next three months. The MTUS was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of 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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the neck rated 1-2/10, pain in the bilateral shoulders rated 8-9/10, and pain in the lower back rated 9/10 which radiates into the bilateral lower extremities. The patient's date of injury is 10/10/12. Patient is status post compression fracture of the lumbar spine with surgical correction at a date and level unspecified. The request is for NORCO 10/325MG #120. The RFA is dated 01/26/15. Physical examination dated 01/16/15 reveals tenderness to palpation of the cervical paraspinal muscles and trapezius muscles bilaterally, positive Spurling's test, and positive compression test. Lumbar spine examination reveals tenderness and hypertonicity of the lumbar paraspinal muscles, decreased strength and sensation bilaterally to the L4, L5, and S1 dermatomes, and positive Patrick's sign. Hip examination reveals tenderness to palpation of the iliac crest. The patient is currently prescribed Norco, Colace, Prilosec, and Lidoderm patches. Diagnostic imaging was not included. Per 01/16/15 progress note patient is advised to remain off work until 02/13/15. 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 regard 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 08/22/14. Progress note dated 01/16/15 provides a reduction in pain from 9/10 to 4/10 attributed to this patient's opiate medications. The same progress note states: the Norco allows him to ambulate for 20 minutes as opposed to 10 minutes without having to stop secondary to pain' and discusses a lack of aberrant behaviors. The progress notes provided show collection of a urine drug screen collected on 12/22/14. Though the toxicology report was not provided, the subsequent 01/16/15 progress note states that the results were consistent with this patient's medications. The provided documentation satisfies the 4A's as required by MTUS to substantiate continued use of this medication. The request IS medically necessary.