

Case Number:	CM15-0043659		
Date Assigned:	03/13/2015	Date of Injury:	04/13/2003
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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 44 year old female, who sustained an industrial injury on 4/13/03. She reported pain in the back and legs related to a slip and fall accident. The injured worker was diagnosed as having lumbar radiculopathy and lumbar disc herniation with neural foraminal narrowing. Treatment to date has included physical therapy, EMG/NCV study, TENs unit, lumbar MRI, chiropractic treatments and pain medications. As of the PR2 dated 2/2/15, the injured worker reports 8/10 back pain that is worse on the right side. She reports left back pain improvement by 50% after epidural injection on 9/12/14. The treatment plan is to continue current oral medications, chiropractic treatments and continue with epidural injections to the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 neck pain rated 4/10 which radiates into the bilateral upper extremities, and lower back pain rated 8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 04/13/03. Patient is status post lumbar ESI at L4/L5/S1 level on the left side on 09/12/14. The request is for Norco 10/325MG #30. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals an antalgic gait, decreased lumbar range of motion in all planes, and decreased sensation to the right L4 dermatome distribution. The patient is currently prescribed Omeprazole, Nortriptyline, Naproxen, Orphenadrine, and Norco. Diagnostic imaging included lumbar MRI dated 08/01/14, significant findings include: "4.9mm L4-L5 broad based posterior disc herniation which causes stenosis of the spinal canal and bilateral lateral recess with deviation of the visualized right L5 transiting nerve roots. Disc material and facet hypertrophy cause stenosis of the bilateral neural foramen... 5mm L5-S1 circumferential disc bulge with overlying left paracentral posterior disc extrusion which causes stenosis of the bilateral neural foramen." Patient is currently classified as permanent and stationary, has not worked since 2003. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, "Criteria for use of opioids for Long-term Users of Opioids (6-months or more)" 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 Criteria for use of Opioids, ongoing management, also requires documentation of the 4 A's (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 continuation of Norco for the management of this patient's intractable lower back and neck pain, the request appears reasonable. Progress notes provided indicate that this patient has been taking Norco since at least 08/19/14. Progress note dated 12/22/14 reports a 50 percent reduction in this patient's pain attributed to this patient's opiate medications. The same progress note documents functional improvement: "the Norco allows her to extend her walking time by 15 minutes." The treater also provides discussion of consistent urine drug screens and CURES reports, as well as a lack of aberrant behavior. The provided documentation satisfies the 4A's as required by MTUS to substantiate continued use of this medication. The request IS medically necessary.