

Case Number:	CM15-0055557		
Date Assigned:	03/30/2015	Date of Injury:	05/25/2011
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 58-year-old male, who sustained an industrial injury on 5/25/2011. Diagnoses include lumbar radiculopathy, cervical radiculopathy and failed low back surgery syndrome. Treatment to date has included surgical intervention including posterior lumbar fusion (3/13/2014), medications, physical therapy, diagnostics including magnetic resonance imaging (MRI), TENS unit, acupuncture and injections. Per the Primary Treating Physician's Progress Report dated 1/19/2015, the injured worker reported pain to the neck and upper limbs without radiation. He reported pain in the low back with radiation to the lower extremities and numbness in his left foot. The pain is described as aching and throbbing and is rated as an average of 5/10 in intensity over the last week. Physical examination of the cervical spine revealed tenderness to palpation of the bilateral paraspinals and upper trapezius with decreased flexion and extension. Examination of the lumbar spine revealed tenderness to palpation of the bilateral lumbar paraspinals and decreased flexion and extension. There was decreased sensation to the left L4, L5 and S1 dermatomes. Straight leg raise was positive on the right. The plan of care included additional physical therapy and medications and authorization was requested for Norco, Pamelor, Flexeril, Gabapentin and a follow-up pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain rated 5/10 with radiation to the lower extremities and numbness in the left foot. The request is for NORCO 10/325 MG #90. The RFA provided is dated 01/19/15. Patient's diagnosis included lumbar radiculopathy, cervical radiculopathy and failed low back surgery syndrome. Patient is permanent and stationary. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Norco was first mentioned in the progress report dated 08/14/14 and the patient has been taking it since at least then. Per the treater, Norco provides 60% relief. Urine toxicology was administered on 01/01/15 and results were consistent with the prescribed medications. Although the pain scale provided addresses analgesia, there is no documentation of specific ADLs to show significant functional gains with the use of opiates. There is no use of validated instruments showing functional improvement. Per the guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Furthermore, there are no discussions regarding adverse reactions, aberrant drug behavior, ADL's, opioid pain agreement, and CURES reports either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Med Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, Current Edition, various chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative Testing, General.

Decision rationale: The patient presents with low back pain rated 5/10 with radiation to the lower extremities and numbness in the left foot. The request is for NORCO 10/325 MG #90. The RFA provided is dated 01/19/15. Patient's diagnosis included lumbar radiculopathy, cervical radiculopathy and failed low back surgery syndrome. Patient is permanent and stationary. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative

testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." Treater has not discussed reason for the request, nor provided patient risk assessment. In review of medical records, there is no documentation that patient presents with high risk factors such as hypertension, diabetes, or kidney/liver disease. It appears treater is ordering medical panel as routine procedure. Therefore, the request is not medically necessary.