

Case Number:	CM15-0081732		
Date Assigned:	05/04/2015	Date of Injury:	06/25/2012
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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 (IW) is a 59 year old male who sustained an industrial injury on 06/25/2012. He reported acute neck and low back pain when an elevator he was riding in suddenly stopped after free-falling two floors. The injured worker was situation post anterior/posterior fusion at L4-S1 in 1986. He was diagnosed with multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of the cervical spine, severe facet arthropathy at L3-L4, status post lumbar spine fusion at L4-5 and L5-S1, and lumbar radiculopathy. Treatment to date has included lumbar rhizotomy bilaterally at L3-4 (05/01/2014) which provided 50% improvement for about one month, MBB bilateral at L3-4 done 10/16/2013, ILES (injection lumbar epidural steroid) targeting C6-7 on 10/16/2013, Chiropractic treatment, and Medications of non-steroidal anti-inflammatories, (which gave minimal relief) Gabapentin, and Norflex (which were discontinued). Currently, the injured worker complains of neck pain which is described as an aching pain that radiates into both shoulders with the left side being worse. Looking over the shoulder, up, and down will increase the pain. The neck pain radiates down the center of his back to the low back and is accompanied by "popping" and "crunching" sounds. He has numbness and tingling in both hands. He complains of aching and stabbing pain in the low back that is greater on the left. He continues to report pins and needles in his left buttock into the calf with cramping in the thighs and a burning sensation into the left foot. Activity increases his pain and he is unable to lift objects. Sitting, standing, and walking for prolonged periods increases his pain. On exam, his gait is antalgic, he has tenderness to palpation of the cervical, thoracic and lumbar spine, and sensation is diminished in the left C6-C8 dermatomes and the left L4-S1 dermatomes. Upper extremity strength is diminished in most planes in the left upper extremity and right lower extremity. Reflexes are diminished bilateral biceps, brachioradialis, triceps, patella, and Achilles. Straight leg raise test is positive on the left

at 60 degrees causing pain to the left ankle. Spurlings test is positive on the left with pain radiating down to the left elbow. Current medications are Norco, and Norflex as needed. Requested for authorization is Norco tab 10-325mg #90 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #90 to allow for weaning.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2012 and continues to be treated for ongoing neck and back pain. When seen, he was having difficulty sleeping due to increased pain. He was noted to be working with restrictions. He reported that medications were becoming less effective. Pain was rated at 8/10. Physical examination findings included an antalgic gait. He had tenderness throughout the spine. There was decreased upper and lower extremity strength and sensation. Straight leg raising and Spurling's testing was positive. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often 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 (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are continuing to provide decreased pain, increased level of function, or improved quality of life. This dose has been prescribed since October 2014. Therefore, the continued prescribing of Norco at this dose was not medically necessary.