

Case Number:	CM14-0130991		
Date Assigned:	08/22/2014	Date of Injury:	03/31/2010
Decision Date:	10/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 03/31/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of failed back syndrome with intractable pain and lumbosacral radiculopathy, status post-surgery to lumbar spine with hemi laminectomy at L2, L4 and L5, micro discectomy at right L4-5 and major depression. The injured worker past medical treatment consists of ESI's, aquatic therapy, physical therapy, surgery, spinal cord stimulator, and medication therapy. Medications included hydrocodone/APAP, fluoxetine, and mirtazapine. The injured worker underwent a urine drug screen on 05/30/2014 revealing that the injured worker was in compliance with his prescription medication. The injured worker underwent lumbar spine surgery. On 08/01/2014 the injured worker complained of constant upper and lower back pain. Physical examination revealed that the pain rate was 6/10 to 8/10 without medications. Range of motion of the thoracic spine was slightly to moderately restricted in all planes, while the ranges of motion of the lumbar spine were moderately to markedly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator, scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Romberg test was positive. The injured worker could not perform heel toe gait. He was ambulating with a cane. Sensation to fine touch and pinprick was decreased in the bilateral calves. Proximal muscle of the thigh were weak at -5/5. Dorsiflexion and plantar flexion were decreased at +4/5 in both feet. Ankle jerks were absent bilaterally. The treatment plan is for the injured worker to continue the use of Norco 10/325 mg and have use of a home exercise program. The provider feels the continuation of the medication is necessary due to the fact that the injured worker has 50% relief of pain with prescription medication. The rationale for a home

exercise program was not submitted for review. The Request for Authorization form was submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 6 hours #180 for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The request for Norco 10/325mg every 6 hours #180 for 6 weeks is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the usual dose is 5/500 mg 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain with a max of 8 tablets per day. Guidelines also state that prescription should be from a single practitioner taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribe to improve pain and function. The MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Use of drug screening or in patient treatment with issue of abuse, addiction or poor pain control is recommended. Given the above guidelines, the injured worker is not within the MTUS recommended Guidelines. In the submitted documentation it was not reported the efficacy of the medication. It was also not documented whether the Norco was helping with any functional deficits the injured worker had. Additionally, the submitted report did not indicate what pain levels were before, during or after on VAS. A urine drug screen was submitted on 05/30/2014 showing that the injured worker was in compliance with MTUS Guidelines. However, guidelines recommend that the lowest possible dose should be prescribed to improve pain and function. The request as submitted is for Norco 10/325 mg every 6 hours. As such, the request is not medically necessary.

Home exercise program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request for Home exercise program is not medically necessary. The California MTUS Guidelines state that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. According to the submitted documentation the injured worker was provided prior physical therapy and should be well versed in a home exercise program to address any deficits. Furthermore, it was not indicated or specified in the request as to what extremity the provider was requesting the program for. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request for Home exercise program is not medically necessary.