

Case Number:	CM14-0088605		
Date Assigned:	07/23/2014	Date of Injury:	12/31/2010
Decision Date:	10/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 Internal Medicine and is licensed to practice in California. 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 51 year old female who was reported to have suffered an industrial injury on 12/31/2010. She underwent lumbar spine surgery in October 2013 and was subsequently seen by the pain management physician on 10/24/2013. She was initiated on Norco 10/325 mg at that time. She was also given Robaxin orally for treatment but no other medications were noted in the record. On 3/13/2014, she underwent an MRI of the lumbar spine revealing tissue and a disk bulge at the level of the L5-S1 vertebrae with possible impingement of the left L5 nerve root. She was seen 4/29/2014 by her secondary treating physician and was noted to have low back complaints / pain, with occasional numbness and tingling in her lower extremities, right more than left. She reportedly was having problems with spasms of muscles, insomnia and taking Norco as needed. On examination, there was spinal tenderness and spasm. Faber's test was positive and straight leg raising test on the left was positive as well. Dermatomal changes on the left were noted with painful range of motion but specific levels were not noted and the range of motion numbers were absent from the report. The diagnosis was that she was seven months post lumbar surgery with residual radiculopathy and low back pain. Sacro-iliac joint dysfunction, right greater than left, was also noted. The plan of care included epidurals which the patient was apprehensive about and refused. The secondary treating physician assumed the responsibility of pain medication management and she was prescribed Norco, amitryptiline 25 mg at night for sleep and cyclobenzaprine 5 mg for muscle spasms. The note from primary treating physician dated 4/28/2014 was reviewed. The patient was noted to have low back pain, numbness over the left foot and pain in the right leg. Examination revealed low back tenderness with limited range of motion. Left extensor hallucis weakness was documented along with L5 distribution / dermatome numbness. Diagnoses included post-operative diskogenic pain and post operative epidural fibrosis. The plan was to send the patient for epidural injections and return to clinic in

June 2014. Previous notes included primary treating provider notes, secondary treating provider notes and surgeon notes along with the aforementioned MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates - initiation of trial Page(s): 76.

Decision rationale: Based on medical records available, the patient has sacroiliac joint dysfunction, particularly on the right. She has muscle spasms and epidural fibrosis with compression of L5 nerve root, also related to a 3 mm disk bulge post operatively, as documented on MRI report. This explains the weakness and sensory disturbance in the left foot along with a positive straight leg raising test. There was note of right lower extremity pain and positive straight leg raising test in one of the clinical notes but there was no objective MRI evidence that was consistent with those symptoms and signs. The patient is receiving treatment with an opiate, cyclobenzaprine and amitriptyline. The patient's main pain diagnosis falls into two categories - sacroiliac joint pain that is likely arthritic and left lower extremity radicular symptoms. Possibly radicular symptoms exist on the right as well. Opiates are not first line therapies for either of these mechanisms / etiologies of pain. Long term opiate therapy is only recommended when a patient fails other, more appropriate forms of therapy, and has considerable benefit from a functional and pain standpoint with opiates. The first line treatment for sacroiliac joint dysfunction related pain would include full dose acetaminophen, NSAID, heat / ice, physical therapy, acupuncture, chiropractic treatments and a focus on functional rehabilitation. There is no evidence that these modalities have been applied in an appropriate and concerted manner to treat the patient's sacroiliac joint dysfunction. Therefore, on this basis, Norco therapy is not considered appropriate and not supported by applicable guidelines. Second, the patient's radicular symptoms are best treated with a neuro-active agent such as tricyclics or other anti-depressants. Since the patient has not failed tricyclics and is in fact not even on the recommended minimum dose of 50 mg of amitriptyline for this purpose, the decision to proceed to Norco treatment would not be consistent with guidelines. Additionally, opiates should be utilized when other therapies for neuropathic / radicular pain have failed. These therapies, in addition to a neuro-active compound as discussed heretofore, include topical lidocaine, non-steroidal anti-inflammatory agents and topical capsaicin. These treatments have not been applied to the patient's condition in a coordinated and comprehensive manner yet and there is not evidence of failure of these therapies. Finally, prior to a trial of opiates, comorbid psychiatric disease should be ruled out, clear goals established, and a comprehensive assessment of risk factors for misuse should be delineated. This has not been done, as per the available notes. Therefore, the request for Norco is not recommended.