

Case Number:	CM14-0211842		
Date Assigned:	12/24/2014	Date of Injury:	08/17/2005
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/17/2014

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 (IW) is a 46-year-old man with a date of injury of August 17, 2005. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post L4-L5 and L5-S1 fusion in April 2009 with failed back syndrome; lumbar radiculitis of the bilateral lower extremities; status post spinal cord stimulator (SCS) implantation; status post revision spinal cord stimulator lead at lumbar insertion point May 2012; situational depression; history elevated liver enzymes; and status post inpatient opiate detox at [REDACTED] April 8, 2014 through April 18, 2014. The IW is status post lumbar spinal fusion in April of 2009. He also underwent an implantation of SCS on November 17, 2011. He underwent a revision of the SCS at the insertion point of the lumbar spine on May 31, 2012. He has had previous physical therapy as well as spinal injections. The IW completed an opioid detox at [REDACTED] from April 8, 2014 through April 18, 2014. The treating physician indicated the opioid detox attempt failed after discontinuing all of his opioid medications. The IW had a significant decrease in function and was virtually confined to bed or chair. All of the opioid medications were resumed, which provided improvement in pain and function. There is no detailed pain assessments of evidence of objective functional improvement associated with the ongoing use of opioid medications. According to a urine drug screen dated April 23, 2014, results were inconsistent. Trazadone was detected which was not a prescribed medication. Pursuant to the treating physician's progress note dated December 1, 2014, the IW continues to utilize a spinal cord stimulator. He reports a slight increase in pain levels due to the cold weather, but overall medications continue to be beneficial. The IW remains symptomatic with low back pain and lower extremity pain. He reports the pain is much better with the use of Methadone, Norco, and Lyrica, which are his current medications. Pain is described as dull, achy, with intermittent shooting, lancinating pain into the lower extremities. Examination of the lumbar

spine reveals a very small area of localized tenderness on the left lateral aspect of the lumbar incision with tenderness and hypersensitivity noted. Straight leg raise tests were positive at 50 degrees bilaterally. The treatment plan recommendation includes the continuation of current medication regimen. The current request is for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81 and 124. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post L4 - L5 and L5 - S1 fusion in April 2009 with failed back syndrome; lumbar radiculopathy of the bilateral lower extremities; status post spinal cord stimulator implantation; status post revision spinal cord stimulator lead at lumbar insertion point May 2012; situational depression; history elevated liver enzymes; and status post inpatient opiate detox at [REDACTED] April 8, 2014 through April 18, 2014. An October 8, 2014 progress note indicates the injured worker failed in opiate detoxification program in April 2014. The injured worker is now controlled with low dose methadone. According to the documentation he was confined to a bed or chair. The treating physician resumed the use of opiate medications accompanied by an improvement in pain and function. Currently, the injured worker's medications are Methadone 5 mg bid, Norco 10/325 b.i.d., Lyrica 100 mg tid, and diclofenac SR 100 mg as needed. The injured worker had inconsistent urine drug toxicology screen April 23, 2014. The injured worker was reportedly taking Trazodone without a prescription. Opiate analgesics should fulfill a clear goal and there should be no drug seeking behavior, aberrant behavior, drug misuse or abuse and clear compliance with opiate-based medications. There should be subjective and objective functional improvement. The documentation indicates there is no objective functional improvement. Additionally, the injured worker failed an inpatient detoxification program and there is no subsequent clinical rationale indicating why methadone and Norco (for breakthrough pain) is prescribed. Consequently, absent clinical documentation to support the ongoing use of opiates with a history of inpatient failed detox and the inconsistent urine drug toxicology screen, Norco 10/325 mg #60 is not medically necessary.