

Case Number:	CM14-0216183		
Date Assigned:	01/06/2015	Date of Injury:	11/29/2012
Decision Date:	02/23/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male with a work injury dated 11/29/2012 injuring his lower back while doing concrete work. He was evaluated the same day and conservative treatment was rendered. He was off work for about a month during which he received medication and physical therapy. After about a month he went back to "pretty much" regular duty. On March 7, 2013 the IW broke the long, ring and little fingers of his left hand at work with some subsequent surgeries. He returned to modified duty for both his left hand and lower back. He was eventually placed off work at the end of 2013 and has not worked since. Prior treatments include physical therapy, chiropractic treatment, muscle relaxants and pain medications. He completed 5 out of 6 weeks of functional restoration with progress. At the time of the visit dated 09/18/2014 the IW was complaining of pain in the center and right lower back radiating down the right lower limb all way down to the right heel at times. He also complained of tingling and weakness in his right lower limb. The provider notes the IW can perform activities such as writing, using a cell phone, dress himself, yard work and drive for 30-40 minutes at a time. Physical exam revealed the IW stood with good posture. There were no paravertebral muscle spasms or local tenderness over the spine, paraspinous muscles, sacroiliac joints or sacro-sciatic notches. The following ranges of active lumbar spinal motion were demonstrated by the IW:- Forward flexion - Fingertips come to mid leg. The lumbar curve reverses- Hyperextension - 67% of normal- Lateral flexion to the right - 75% of normal- Lateral Flexion to the left - 75% of normal. Straight leg raising was 80/80 degrees bilaterally in the seated position and 70 degrees (right) and 60 degrees (left) in the recumbent position. The percussion, jarring, Lasegue's and Bowstring tests were negative. He

walked with a normal gait. Patrick and Trendelenburg tests were negative. The IW remains on pain medications and muscle relaxants. Drug screen report dated 12/17/2013 is available in the submitted records. Diagnoses includes: (1) Mechanical low back pain, (2) Discogenic low back pain, (3) Hemorrhoidal bleeding due to opiate induced constipation. The claimant had been on other opioids including Tramadol for nearly a year. On 11/26/2014 the provider requested Norco. Utilization review issued a decision on 12/02/2014 of non-certification for the request. The UR review mentions progress note dated 11/19/2014 which is not available in the submitted documents for this review. Utilization review states the dose, frequency and amount are not specified. "There are no treatment notes from the prescribing MD." "I recommend non certification based on the lack of medical information concerning: IW's opioid use history, UDS results, opioid contract, side effects, effects on function, compliance, any aberrant behavior, CURES/pharmacy data, other pain treatment failures. Current medical information provided is not consistent with ACOEM Guidelines." The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol (another opioid) for nearly a year and was noted not to need additional medication in June 2014. There is no indication that one opioid is superior to another. The Norco is not medically necessary.