

Case Number:	CM15-0005041		
Date Assigned:	01/16/2015	Date of Injury:	10/30/2013
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: 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:

The injured worker is a male patient, who sustained an industrial injury on 10/31/2013. He had been on Norco and Tramadol since at least November 2013. A follow up visit dated 12/19/2014 reported the patient being stable on current regimen. The patient stated the medication allow him to be more active which improves his quality of life. He is currently prescribed; Baclofen, Gabapentin, and Ibuprophen. He was noted to have adequate pain relief on the current pain medications. His past history involves degenerative disc disease and lumbar facet syndrome. The plan of care included prescribing Norco 10/325 MG and Oxycodone with follow up in four weeks. There was also note of prior requests for epidural steroid injection. Physical examination found paraspinal tenderness over L3-5. Active range of motion is decreased with extension after flexion due to pain. His gait is noted as slow, abnormal walking with a cane. He is assessed with lumbago, lumbar disc degeneration and lumbar facet syndrome. On 01/06/2015 Utilization Review non-certified a request for Norco 10/325 MG, Oxycodone Hydrochloride and an unknown epidural injection, noting the CA MTUS Opioids criteria, Oxycodone and Official Disability Guidelines Epidural Steroid Injections were cited. On 01/09/2015 the injured worker submitted an application for independent medical review of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

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

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 Hydrocodone (Norco) and Tramadol since at least . Recently, the pain was controlled without opioids. Pain scale response was not documented to indicate a need to change to Norco and Oxycodone. The request for Norco is not medically necessary.

1 prescription for Oxycodone HCL 20mg #90: Upheld

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

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

Decision rationale: Oxycodone 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 Hydrocodone (Norco) and Tramadol since at least 2013 without significant improvement in pain or function. Recently, the pain was controlled without opioids. Pain scale response was not documented to indicate a need to change to Norco and Oxycodone. The use of Oxycodone is not medically necessary.

Unknown epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the pain medication regimen allowed the claimant to maintain control and perform

daily activities. The amount and location of injections were not specified. The request, therefore, for lumbar epidural steroid injections is not medically necessary.