

Case Number:	CM15-0018081		
Date Assigned:	02/06/2015	Date of Injury:	02/05/2002
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 84 year old male, who sustained an industrial injury on 2/5/2002. He reported a slip and fall, injuring his back and left knee. Diagnoses include status post lumbar decompressive laminectomy of lumbar 3-sacral 1 and with fixation of lumbar 4 to sacral 1, left knee pain and insomnia. Treatments to date include back brace, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. A progress note from the treating provider dated 12/23/2014 indicated the injured worker reported lumbar pain, left knee pain and right hip discomfort. On 1/16/2015, Utilization Review non-certified the request for Norco 7.5/325mg #120, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lumbar spine, left knee, and right hip pain rated 10/10. The patient's date of injury is 02/05/02. The patient is status post lumbar spinal fusion and hardware placement from L4-S1 on 09/19/02. The request is for NORCO 7.5/325MG #120. The RFA is dated 12/04/14. Physical examination dated 01/26/15 reveals a well healed surgical scar from L5 to S1, tenderness to palpation/spasm of the bilateral lumbar paraspinal muscles and point tenderness over the left sacroiliac region and right gluteal area. Straight leg raise test is noted positive on the right at 60 degrees, neurological exam finds decreased sensation of the S1 dermatome distribution. Examination also notes slight to moderate tenderness of the medial joint line over the left knee/decreased ROM on flexion, and pain to the right hip at the spinal fusion graft donor site. Diagnostic imaging was not included, though 01/29/15 progress note discusses lumbar MRI performed on 02/07/12, significant findings include: post surgical changes with instrumented fusion from L4-S1 laminectomy defect noted at L3-4, L4-5, L5-S1 levels. There was severe bilateral neural foramina narrowing at L3-4 due to 5-6mm disc osteophyte complex Mild bilateral neural foramina narrowing at L5-S1 secondary to 6mm anterolisthesis of L5 on S1. The patient is currently prescribed Nizatidine and Cidaflex. Patient is classified as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for what appears to be a re-initiation of Norco for the management of this patients intractable chronic lower back pain, treater has not provided adequate documentation of prior analgesia or functional improvement to continue use. Progress note dated 01/29/15 states: We received notification from work comp stating they want to start decreasing his Norco to wean him off because it is not helping his pain level. The problem is this gentleman has not received any pain medicine for many months and this is the reason his pain level is so high. A careful review of progress notes indicates that the last time this patient was authorized Norco was 09/15/14, though the subsequent progress notes dated 10/20/14 and 11/24/14 do not provide documentation of pain/functional improvement attributed to this medication, with each rating the patient's pain level at 10/10. It is unclear why treater is requesting a re-initiation of this medication given a lack of previous documented efficacy. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.