

Case Number:	CM15-0114354		
Date Assigned:	06/22/2015	Date of Injury:	06/15/2014
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old male patient who sustained an industrial injury on 06/15/2014. The current accident of 06/15/2014 was described as while working duty with a co-worker lifting a 250 pound houseplant as he lifted he felt the onset of back pain. This patient has reported previous workers compensation claims before filing the injury occurring on 06/15/2014 of which he was noted being self-employed and actually paying out of his insurance. The patient reported having undergone two previous back surgeries, previous injections, and multiple diagnostic testing to include: electrodiagnostic nerve conduction study, radiographic imaging, magnetic resonance imaging scans. A primary treating office visit dated 08/08/2014 reported the patient stating pain is worsening rating it a 9 in intensity out of 10. He was diagnosed with mild-lumbar spine strain. There was recommendation to undergo a magnetic resonance imaging study of lumbar spine. The nerve conduction study performed on 12/30/2014 showed significant electro physiologic evidence consistent with an acute lumbar radiculopathic process involving the L5 nerve roots on the left: the left anterior tibialis, posterior tibialis, and tensor fascia latae and lumbosacral paraspinal muscles with increased insertional and spontaneous activity. No change to anything at a follow up on 10/01/2014. He has taken Omeprazole and Tramadol for the pain. The patient had also trialed a course of physical therapy and stopped attending due to increased pain. The patient was put on temporary total disability. The following diagnoses were applied: status post lumbar spine surgery on August 2013; lumbago; lumbar radiculopathy, and lumbar strain/sprain. A recent primary treating office visit dated 04/20/2015 showed chief complaint of back pain and leg pain. The patient also complains of bilateral leg and left thigh pains. Current medications are: Norco 10/325mg, Celebrex, Zanaflex, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 1 tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.