

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0118221 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 04/05/2012 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 York

Certification(s)/Specialty: Emergency 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 45-year-old male, who sustained an industrial injury on April 5, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; myalgias and myositis, unspecified; lumbar or lumbosacral intervertebral disc degeneration; lumbar facet joint pain; osteoarthritis of spinal facet joint; lumbar intervertebral disc degeneration; and lumbar radiculopathy. Diagnostic studies to date have included: On August 4, 2012, an MRI of the lumbar spine revealed a disc protrusion at lumbar 3-4; a central left paracentral disc protrusion with annular tear causing left lumbar 5 nerve root impingement; and a rudimentary disc at lumbar 5-sacral 1. On January 27, 2015, he underwent a bilateral lumbar 4, lumbar 5, sacral ala, and sacral 1 dorsal ramus medial branch nerves radiofrequency rhizotomy with 60% improvement of back pain. Treatment to date has included successful diagnostic facet medial branch blocks, a radiofrequency rhizotomy, and medications including opioid analgesic, topical analgesic, muscle relaxant, and non-steroidal anti-inflammatory. On January 27, 2015, he underwent a bilateral lumbar 4, lumbar 5, sacral ala, and sacral 1 dorsal ramus medial branch nerves radiofrequency rhizotomy with 60% improvement of back pain. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 14, 2015, the injured worker complains of chronic low back pain without pain radiating to the legs. His pain level is rated: 6/10 without medications and 4/10 with medications. He reports that his pain continues to be manageable and allows him to complete his necessary activities of daily living due to his chronic pain maintenance regimen; activity

restriction; and rest. He had a self-resolved episode of transient exacerbation sciatic pain in the left leg. He takes minimal pain medication and is experiencing no side effects. His current work status is 40 hours per week. The physical exam revealed continued diffuse tenderness to palpation with tightness over the lumbosacral region and bilateral sacroiliac joints; mild pain with left straight leg raise; 50% restricted flexion; 10% restricted extension with moderate low back pain; and 30% restricted lateral bending with mild discomfort on the right. The neurological exam revealed no radiculopathy. The treatment plan includes continuing Norco 5/325mg by mouth twice a day. The requested treatment is Narc Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC Norco 5/325 mg, sixty count: 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): 74-96.

Decision rationale: The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CaMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The injured worker had been taking Norco 5/325mg twice a day since at least November 26, 2014. There was lack of documentation of the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. Therefore, the request for Norco is not medically necessary.