

Case Number:	CM15-0118458		
Date Assigned:	06/26/2015	Date of Injury:	01/21/2014
Decision Date:	08/28/2015	UR Denial Date:	06/12/2015
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: Pediatrics, Internal 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 38-year-old male, with a reported date of injury of 01/21/2014. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include low back pain with radiculopathy. Treatments and evaluation to date have included one acupuncture session, an epidural injection of the lumbar spine in 09/2014 with 30% improvement for six weeks, and oral medications. The diagnostic studies to date included an MRI of the lumbar spine on 04/06/2015, which showed multi-level left-sided neural foraminal disease at L2-3 through L4-5 with neural foraminal narrowing, minimal right-sided neural foraminal narrowing at L5-S1, and left-sided extrusion at L3-4. The medication documentation dated 03/26/2015 indicates that before medication, the injured worker's pain level was 8-9 out of 10, and after medication, it was rated 6 out of 10; with medication, he was able to work full-time, perform home exercise program, and carry out household chores; there were no adverse side effects; a signed pain agreement was on file; no abnormal behaviors noted; a urine drug screen on 02/26/2015 was consistent with medications; his average pain over the past month was 7 out of 10; pain would get as high as 9 out of 10 and get down to 6 out of 10 with medications; and the Norco would take effect within 30 minutes and provided relief for three hours. The progress report dated 04/23/2015 indicates that the injured worker had ongoing low back pain with radicular symptoms down the left lower extremity. The objective findings were documented as no significant change. The progress report dated 05/21/2015 indicates that the injured worker presented for further evaluation of chronic low back pain with radiation down the left lower extremity. It was noted that the injured worker A had been managing the symptoms with medications. He used Norco 10/325mg 2 a day, gabapentin, and Cymbalta. The Norco was started on 02/26/2015. The injured worker stated that

the pain medications significantly helped reduce his pain levels. Without the medications, the injured worker rated his pain 8-9 out of 10, and with medications, his pain was rated 6 out of 10. It was noted that he was able to function and do more activities, standing, walking, and manage work as well. He stated that he was able to do the activities about three hours longer with medications than without the medications. The objective findings include tenderness at the lumbosacral junction, limited lumbar range of motion on flexion, positive left straight leg raise test, and numbness towards the posterior/posterolateral calf and the bottom of the left foot. The injured worker was working full-time with restrictions. The treating physician requested Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, two (2) a day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no specific documentation of whether or not the injured worker experienced any side effects from the Norco. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These items were last documented in the progress report dated 03/26/2015. The guidelines also indicate that opioids for chronic back pain appears to be effective but limited for short-term pain relief, and long-term effectiveness (more than 16 weeks) is unclear, but also appears limited. The Norco was started on about 02/26/2015. MTUS guidelines indicate that opioids should be continued in individuals who have returned to work. The IW is utilizing minimal dosage of opioid in order to maintain working and the physician had been monitoring the use appropriately. This request is medically necessary and appropriate.