

Case Number:	CM15-0119571		
Date Assigned:	06/30/2015	Date of Injury:	06/15/2011
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 06/15/2011. Mechanism of injury occurred after lifting boxes of water and felt strain in his back. The injured worker suffered another industrial injury on 12/12/2008. Diagnoses include low back pain and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies, right L3-L4 epidural steroid injections, trigger point injections, chiropractic sessions, acupuncture, and aqua therapy. On 03/01/2015 a Magnetic Resonance Imaging of the lumbar spine revealed multiple areas of disc protrusion with areas of moderate to severe canal stenosis and nerve root compromise. His medications include Gabapentin, Zanaflex, Ibuprofen, a stool softener, Prilosec topical lotion, Xanax Temazepam, Zoloft, and Norco. He has been on Norco since at least 02/20/2014. A physician progress note dated 05/20/2015 documents the injured worker is taking 6 Norco a day. He complains of weakness and numbness, more so on the right. He also complains of knee pain on the right and headaches and shoulder pain. He also complains of stomach and psyche problems. He has had 3 epidural steroid injections with minimal benefit but surgeon wants a L3 injections. Treatment requested is for Norco 10/325mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured four years ago from lifting boxes of water and straining the back. There was a prior back injury in 2008. As of 3/01/2015 a Magnetic Resonance Imaging of the lumbar spine revealed multiple areas of disc protrusion with areas of moderate to severe canal stenosis and nerve root compromise. His medication has included Gabapentin, Zanaflex, Ibuprofen, a stool softener, Prilosec topical lotion, Xanax Temazepam, Zoloft, and Norco. He has been on the Norco since at least 02/20/2014 at 6 pills per day as of a May 2015 note. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.