

Case Number:	CM15-0123580		
Date Assigned:	07/08/2015	Date of Injury:	01/25/2000
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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 52-year-old male, with a reported date of injury of 01/25/2000. The mechanism of injury was not indicated in the medical records provided. The injured worker's symptoms at the time of the injury as not indicated in the medical records. The diagnoses include status post lumbar laminectomy with postlaminectomy syndrome; persistent low back pain; left lumbar radiculopathy; chronic pain syndrome with chronic opioid tolerance; and chronic reactive clinical depression secondary to chronic pain. Treatments and evaluation to date have included lumbar laminectomy surgery, oral medications, and psychological treatment. The diagnostic studies to date have included an MRI of the lumbar spine. The diagnostic report was not included in the medical records provided. The follow-up pain management evaluation report dated 05/20/2015 indicates that that the injured worker suffered from chronic intractable pain that affected his back with radicular pain down to his legs, despite a previous lumbar laminectomy surgery. It was noted that the injured worker continued to require daily pain medication regimen to control his intractable pain and to keep him functional. He rated the intensity of his symptoms up to 8-9 out of 10 at its worst and with medications the symptoms were rated 4-5 out of 10, which allowed him to get out of bed and to perform daily activities and participate with his exercise regimen. The injured worker currently took Norco 10/325mg every four hours as needed. The physical examination showed tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces; muscular guarding over the bilateral erector spine muscle and left gluteus maximus region; limited lumbar range of motion with guarding; positive left straight leg raise test; and diminished muscle strength in the left hip flexion, left knee flexion and extension, left ankle dorsiflexion, and plantar flexion. The treating physician recommended

that the injured worker be maintained on Norco 10/325mg every four hours up to six times per day, which has been the only medication that had been helpful. Norco was requested to stabilize the injured worker's condition until definitive in the form of surgery. It was noted that the injured worker had been in compliance with the prescribed regimen and he clearly benefitted from the medication without side effects and improved his daily function. His work status was documented as permanent and stationary. On 04/22/2015, the injured worker rated his overall pain about 6-7 out of 10. He stated that his condition continued to limit all of his daily activities. The injured worker was on Norco 10/325mg every four hours as needed. The objective findings showed decreased range of motion of the lumbar spine, and a slight antalgic gait. His work status was documented as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #180 times 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. 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 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. 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. There was documentation of the injured worker's current pain rating and there were no side effects; however, the rest of the information was not provided. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was no evidence that urine drug screens were performed as recommended. There was documentation that the medication helped the injured worker control his pain and stay functional; however, the treating physician did not show specific evidence of increased pain relief and functionality. The injured worker's work status remained the same. Therefore, the request for Norco is not medically necessary.