

Case Number:	CM15-0170780		
Date Assigned:	09/11/2015	Date of Injury:	10/01/2011
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, Indiana, New York
 Certification(s)/Specialty: 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 male, who sustained an industrial injury on 10-1-2011. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, myalgia, myositis, lumbago, chronic pain due to trauma, and chronic post-operative pain. The request for authorization is for: Norco tablets. The UR dated 8-14-2015: Non-certified the request for Norco 10-325 mg #90. The records indicate he has utilized Hydrocodone since at least October 2011. On 5-15-2015, he reported low back pain with radiation and numbness of the right lower extremity. He is noted to have full strength of hip flexors, knee extensors, and knee flexors, and a positive straight leg raise test on the right, and impaired sensation of the right S1 dermatome. On 6-22-2015, he reported low back pain with radiation into the buttocks and down the right leg to the right foot. He indicated the pain is relieved with rest, medications, heat, exercise, and lying flat. The pain is aggravated by increased activity such as walking and sitting for prolonged periods. He indicated having pain while performing personal care and sleeping. Physical examination noted height of 70, weight 248 pounds, blood pressure 143 over 83mm Hg, pulse 78 per min., and BMI 35. He is noted to be well developed and well nourished, alert, oriented, in no acute distress, and having good hygiene. An assessment is noted as him being there for monthly medication refill for Norco, and to discuss epidural steroid injection denial and his overall disability. He reported average pain level at 2-3 out of 10, pain without medications 8-9 out of 10 and his function is decreased by 70%. Side effects to medications are denied. It is noted with medications he is able to sit in a reclined position for 30-40 minutes, and without medications he would be unable to sit, stand or walk for longer than 20 minutes at a time. The treatment and

diagnostic testing to date has included: magnetic resonance imaging (2011, and 2012), lumbar surgery (2012), and acupuncture, electrodiagnostic studies (5-15-2015), x-rays of the lumbar spine, AME (3-24-2015), and physical therapy. Current medications: Levastatin, Semifibrozil, Gabapentin, Norco, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are posted on anatomy syndrome; myalgia and myositis; lumbago; chronic pain due to trauma; and chronic postoperative pain. Date of injury is October 1, 2011. Request for authorization is August 5, 2015. According to an agreed medical examination (AME) dated March 24, 2015, Norco (hydrocodone/APAP) was prescribed as far back as 2012. Additional medications included oxycodone and tramadol. The earliest progress note containing a Norco prescription was dated March 5, 2015. According to the most recent progress note dated June 22, 2015, the treating provider continued to prescribe Norco 10/325 mg and tramadol. There is no clinical rationale for prescribing two short acting opiate analgesics. Subjectively, the injured worker complains of ongoing low back pain 100% of the time times 34 months. The injured worker is status post lumbar discectomy in 2012. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no detailed pain assessments or risk assessments in the medical record. There is no attempted weaning of Norco in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Norco, no clinical rationale for two short acting opiate analgesics (Norco and tramadol), no detailed pain assessments or risk assessments and no attempted weaning, Norco 10/325mg # 90 is not medically necessary.