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| Case Number: | CM15-0170875 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 04/05/2013 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 07/31/2015 |
| 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 30 year old male who sustained an industrial injury on 04-05-2013. Current diagnoses include lumbar facet joint pain L1-L2, L2-L3, L3-L4, L4-L5 disc protrusion, L4-L5 right posterolateral disc protrusion, L4-L5 right neural foraminal stenosis, lumbar facet joint pain at right L3-L5, lumbar facet joint arthropathy, lumbar sprain-strain, lumbar disc protrusion, lumbar degenerative disc disease, cervical sprain-strain, right knee sprain-sprain, right knee pain, and post-concussive syndrome. Report dated 07-20-2015 noted that the injured worker presented with complaints that included low back pain and bilateral lower cervical pain. Currently the injured worker is not taking ant medications. Medications used in the past included Norco, a muscle relaxant, and Vicodin. Pain level was not included. Physical examination was positive for tenderness of the lumbar paraspinal muscles overlying the facet joints, range of motion of the lumbar spine is painful, and decreased muscle strength in the right quadriceps and right tibialis anterior. Previous treatments included medications and epidural steroid injection. The treatment plan included requests for fluoroscopically guided diagnostic facet joint medial branch block, follow up visit 2 weeks after the injection, risks and benefits were discussed, prescribed Norco, follow up visit in 8 weeks to re-assess progress, and reinforced activity modifications. Currently the injured worker is working full-time, full duty. Request for authorization dated 07-24-2015, included requests for fluoroscopically guided diagnostic facet joint medial branch block and Norco. The utilization review dated 07-31-2015, non-certified the request for Norco 10-325mg, #60 with 2 refills based on the following rational. The utilization reviewer stated, "there is no indication why this medication was stopped in the past, there are no

urine drug screens to verify compliance, no pain scores to indicate a need for an opiate, and there was no indication why the injured worker could not start with a non-opiate medication to address his pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 with 2 refills: 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 # 60 with two refills 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 L1-L2, L2-L3 and L3-L4; positive diagnostic right L3-L4, L4-L5 and L5-S1 facet joint medial branch blocks; lumbar facet joint pain and right L3-L5; lumbar facet joint arthropathy; lumbar sprain strain; lumbar disc protrusion; lumbar degenerative disc disease; cervical sprain strain; right knee sprain strain; right knee pain; and postconcussive syndrome. Date of injury is April 5, 2013. Request for authorization is July 24, 2015. According to a March 27, 2015 progress note, prior medications included Norco, Vicodin, ibuprofen and muscle relaxants. Current medications include tramadol. According to the most recent progress note dated July 20, 2015, subjective complaints include bilateral low back pain and cervical pain. Norco 10/325mg was restarted and Tramadol was discontinued. There is no clinical indication or rationale for the discontinuation of tramadol. There is no clinical indication or rationale for restarting Norco 10/325mg (in prior medication). There are no detailed pain assessments. There are no risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for discontinuing tramadol and no clinical indication or rationale for restarting Norco, Norco 10/325mg # 60 with two refills is not medically necessary.