

Case Number:	CM15-0173550		
Date Assigned:	09/15/2015	Date of Injury:	09/10/2013
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 42 year old male who sustained an industrial injury on 9-10-13. The assessment is noted as lumbar radiculopathy, degeneration of lumbosacral intervertebral disc, chronic pain syndrome, degeneration of lumbar intervertebral disc, and low back strain. Previous treatment noted includes medications, including a Medrol 4mg Dose Pak 6-12-15, cognitive behavioral therapy, and a Functional Restoration Program. An encounter note dated 5-14-15 notes he reports Norco and Tizanidine continue to help with pain and allow him to do some of his normal activities, although he remains fairly disabled and an encounter note dated 4-2-15, reports the medication helps decrease pain about 30% and that he relies on his family to help with many activities. He reports he cannot sit, stand or walk for more than 20 minutes and he is lying down throughout the day. The lumbar spine is noted to have very limited range of motion, tenderness to palpation and there is decreased left lower extremity strength due to pain. A 6-12-15 visit notes he was unable to complete the Functional Restoration Program because of severe pain and exacerbation. He is noted to be sitting, raising his weight off his left hip, tilting his head backward, wincing in pain and that he is anxious because pain is so severe. Pain is noted to fluctuate, but never goes away. Pain on this visit is described as strong, achy low back pain that has increased and radiates down the left leg, with throbbing, shooting down into the leg into the sole of the foot. Pain is similar on the right, but left is worse and is reported to have been exacerbated due to the Functional Restoration Program. A review of systems notes muscle aches and weakness, back pain, toe numbness, depression, anxiety and sleep disturbances. In an encounter visit dated 7-10-15, the physician reports he is seen for an acute exacerbation of

lumbar pain with severe radiculopathy, worse on the left side. Noted are complaints of increased pain into the left leg down to the sole of the foot. The physician reports he is willing to start a taper of his narcotics and that Norco will be decreased to #60 per month and tramadol 50mg twice a day will be added. In an encounter note dated 8-7-15, the physician reports he has some days that have a lot of pain, and on those days pain is rated at 7-8 out of 10. On days that the pain is not as bad it is rated 6-7 out of 10. It is noted on this visit date, his pain was 7-8 out of 10. Pain is reported to be in his low back, left leg and worse in the foot-heel, as well as toe numbness of the right foot "he believes from driving." Medications are Norco 10-325mg 2-3 tablets as needed, Senna 8.6 mg, tizanidine 2mg 1 every day as needed, and tramadol 50mg 1 twice a day. The plan is noted as no changes to Norco #60 this month, refill tramadol 50mg twice a day, and orthopedist appointment pending scheduling. Controlled Substance Utilization Review and Evaluation System (CURES) is noted as appropriate. The requested treatment of Norco 10-325mg #60 (8/13/15) was denied on 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 (08/13/15): 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 10-6-15 included documentation of the pain with and without medications, no significant adverse effects or aberrant behavior, history of urine drug testing, and appropriate CURES report; however, the notes did not include significant pain reduction, pain contract on file, objective functional improvement, performance of necessary activities of daily living, and first-line medications for neuropathic pain. Appropriate follow-up has been performed, and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which was advised by Utilization Review on 8-20-15. Based on the available medical information showing no sustained functional improvement, Norco 10/325mg #60 (08/13/15) is not medically necessary and appropriate for ongoing pain management