

Case Number:	CM15-0173797		
Date Assigned:	09/15/2015	Date of Injury:	01/27/2005
Decision Date:	10/22/2015	UR Denial Date:	08/10/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old male who sustained an injury on 1-27-05 resulting when he was picking up a piece of lumbar to throw in the garbage. He experienced acute onset of back pain that radiated down his left leg. Diagnoses are low back pain, radicular syndrome of lower limbs, displacement of lumbar intervertebral disc, difficulty sleeping due to pain disorder. Lumbar MRI on 2-11-12 revealed L4-5 mild degenerative changes with bulging; axial views L4-5 diffuse board based bulging which appears to contact both exiting nerve roots; 15-S1 diffuse broad based bulging or mild protrusion and appears to contact both exiting nerve roots. 11-14-12 he had left lumbar hemilaminotomy, L5 and foraminotomy L5-S1, left. Treatment following surgery included physical therapy and medications. He has been taking Norco 10-325 mg 1 tablet every 6 hours since at least 3-14-12 and has an opioid contract on file. On 7-22-14, authorization requested for trigger point injections x 3 for his back pain and Norco 10-325 mg 1 every 8-12 hours was prescribed and continued to be prescribed for his low back pain. Currently on 7-30-15, his pain symptoms continue to be problematic and have been utilizing Norco and Mobic. The records indicate a limited number of Norco was dispensed to him and he received 25 tablets for the whole month, which is not adequate. Without the medication, he is much less functional and has difficulty doing many daily activities. The examination reveals tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions; back pain is noted on range of motion; facet maneuver is equivocal; lumbar range of motion is limited at 65 % of normal. Neurologic exam is intact and his gait is antalgic and somewhat slow. Norco 10-325 mg

1 every 8-12 hours as needed #90 with no refills. Utilization review 8-10-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 7/30/15, it was noted that Norco helps the injured worker greatly both subjectively and functionally. Per progress report dated 4/2/15, it was noted that without medications, he rates his pain 9/10, he can only sit for 10 minutes, stand for 5 minutes, walk 1 block, do some yard work for about 10 minutes, and wash dishes for 5 minutes. With pain medications his pain is about 5/10, he can sit for 30 minutes, stand for 20 minutes, walk 3-4 blocks, and do yard work for about 45 minutes. It is noted that pain agreement is on file and that a policy of random urine drug screens is in place as well. I respectfully disagree with the UR physician's assertion that the documentation submitted for review does not contain objective measures of functional improvement. The medical records support ongoing opiate therapy. The request is medically necessary.