

Case Number:	CM15-0174066		
Date Assigned:	09/15/2015	Date of Injury:	02/08/2010
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
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: Texas, California
 Certification(s)/Specialty: 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 60-year-old male, with a reported date of injury of 02-08-2010. The diagnoses include lumbar radiculitis and lumbar spondylosis. Treatments and evaluation to date have included Hydrocodone, aspirin, physical therapy, Norco (since at least 09-2014), and lumbar medial branch block. The diagnostic studies to date have included an MRI of the lumbar spine on 07-07-2014 which showed stable grade 1 anterolisthesis of L4 and L5 and retrolisthesis of L5 on S1, multilevel degenerative changes from L3-L4 through L5-S1, and mild central canal stenosis at L4-5. The progress report dated 04-28-2015 indicates that the injured worker was there for follow-up. The treating physician felt that the injured worker likely had facetogenic-mediated pain. The injured worker continued to have axial back pain, worse with extension and prolonged standing and walking. The physical examination showed bilateral lumbosacral paraspinal tenderness to palpation with restrictions in extension secondary to pain; intact lumbar range of motion; bilateral facet-loading maneuvers greatly exacerbated his bilateral lumbosacral paraspinal pain; positive bilateral Gaenslen's test; positive Patrick's test for pain, which was localized to the region of the bilateral sacroiliac joints; positive bilateral sacral compression test; intact sensory to light touch in all dermatomes; and grossly intact gait. The treating physician stated that the injured worker had "clearly failed conservative treatment". The treatment plan included the continuation of Norco as needed for pain. The treating physician requested Norco 10-325mg #240. On 08-26-2015, Utilization Review (UR) modified the request for Norco 10-325mg #240 to Norco 10-325mg #45. A recent urine drug screen report was not specified in the

records provided. The patient's surgical history included left hip replacement and knee surgery - bilateral TKR. The medication list includes Norco, Ibuprofen, Advil, Ambien and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY 240.00: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Norco 10/325 mg QTY 240.00. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The diagnostic studies to date have included an MRI of the lumbar spine on 07-07-2014 which showed stable grade 1 anterolisthesis of L4 and L5 and retrolisthesis of L5 on S1, multilevel degenerative changes from L3-L4 through L5-S1, and mild central canal stenosis at L4-5. The progress report dated 04-28-2015 indicates that the injured worker was there for follow-up. The injured worker continued to have axial back pain, worse with extension and prolonged standing and walking. The physical examination showed bilateral lumbosacral paraspinal tenderness to palpation with restrictions in extension secondary to pain; intact lumbar range of motion; bilateral facet-loading maneuvers greatly exacerbated his bilateral lumbosacral paraspinal pain; positive bilateral Gaenslen's test; positive Patrick's test for pain, which was localized to the region of the bilateral sacroiliac joints; positive bilateral sacral compression test. The treating physician stated that the injured worker had "clearly failed conservative treatment". The patient's surgical history included left hip replacement and knee surgery bilateral TKR. There is no evidence of aberrant behavior. The patient has had a trial of NSAIDs for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/prn basis. The medication Norco 10/325 mg QTY 240.00 is medically necessary and appropriate in this patient.