

Case Number:	CM15-0176170		
Date Assigned:	09/17/2015	Date of Injury:	10/26/1998
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60-year-old male, who sustained an industrial-work injury on 10-26-98. He reported initial complaints of low back and neck pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar region and brachial neuritis and radiculitis. Treatment to date has included medication, surgery (lumbar fusion at L3-4 in 2011, trial of SCS (spinal cord stimulator), and diagnostics. MRI results from 8-19-15 were reported to demonstrate prior surgical changes without evidence of complication and mild disc bulge at L2-3. Currently, the injured worker complains of low back pain that interfered with sleep. Pain was rated at best of 5 out of 10 and worst at 9 out of 10. Medications included Norco 10-325 mg and Gabapentin 300 mg. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted tenderness and decreased range of motion in the lumbar spine with spasms and positive straight leg raise test. There was weakness in bilateral ankle dorsiflexion, urine drug screen on 4-1-15 was inconsistent with prescribed medication and note of cannabinoid use. SCS (spinal cord stimulator) trial per 7-16-15 notes leg weakness and low back pain. The IW states that opioid medication is decreasing pain levels and improving function. Current plan of care includes bilateral L3-4 surgical hardware block, medication renewal, and Dilaudid injection during visit. The Request for Authorization date was 9-1-15 and requested service that included Norco 10/325mg #120 4 times daily. The Utilization Review on 9-4-15 denied the request due to lack of subjective reports of functional improvement and pain relief, inconsistent drug use and lack of addressing it in subsequent visit notes CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 4 times daily: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in October 1998 and is being treated for chronic neck and low back pain including a diagnosis of failed back surgery syndrome. In April 2015, pain was rated at 9-10/10 and he had not received medications for several months. He admitted to using marijuana. His CURES report was reviewed. Medications including Norco and Oxycontin were prescribed at a total MED (morphine equivalent dose) of 185 mg per day. In May 2015, medications are referenced as decreasing pain from 9.5/10 to 5/10. A spinal cord stimulator trial was pending. When seen, pain was ranging from 5-9/10. He was barely sleeping and was homebound. His pain was out of control. Physical examination findings included a BMI of over 37. There was decreased lumbar range of motion with tenderness and there were bilateral radicular signs. Norco was prescribed at the same dose that was prescribed at the previous visit. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. It was being prescribed as part of the claimant's ongoing management. In this case, the claimant was having ongoing, severe, disabling pain. There was no documentation that this medication was providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing of Norco at this dose appears to have been ineffective and therefore was not medically necessary.