MAXIMUS Federal Services

Case Number:	CM15-0179342		
Date Assigned:	09/21/2015	Date of Injury:	11/29/2006
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old male, who sustained an industrial injury on 11-29-06. The injured worker has complaints of low back pain with bilateral lower extremity pain. The documentation on 7-13-15 noted positive lumbar spasms and painful decreased range of motion and decreased sensation L4-L5. Magnetic resonance imaging (MRI) of the lumbar spine on 7-24-15 showed there is a small to moderate-sized broad-based and left paracentral disc extrusion at the L4-L5 level; that along the significant ligamentum flavum hypertrophy and facet disease is causing a severe canal stenosis. Computerized tomography (CT) scan of the lumbar spine on 4-7-15 showed degenerative spondylosis with disc narrowing of L4-L5; previous anterior fusion L5-S1 (sacroiliac); diffuse annular bulges from L3-L3 to L4-L5; there is moderate canal stenosis at L4-L5 and mild stenosis at L2-L3 and The diagnoses have included lumbar herniated nucleus pulposus (HNP). Treatment to date has included surgeries times three microscopic-assisted discectomy at L5-S1 (sacroiliac) on 12-26-07; lumbar decompression at L5-S1 (sacroiliac) with posterior instrumentation, posterolateral fusion at L5-S1 (sacroiliac) and interbody fusion at L5-S1 (sacroiliac) with iliac bone graft on 7-22-10; fusion at L4-L5; epidural injections and physical therapy. The documentation noted on 5-18-15 the plan was to wean off the norco. The original utilization review (8-19-15) non-certified the request for norco 10/325 #60. Several documents within the submitted medical records are difficult to decipher. The medication list include gabapentin; lyrica; flexeril; omeprazole and hydrocodone. Per the note dated 8/10/15 the patient had complaints of pain in low back. Physical examination of the low back revealed muscle spasm, tenderness on palpation and limited range of motion. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/375 MG #60: 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: Norco 10/375 MG #60. 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 injured worker has complaints of low back pain with bilateral lower extremity pain.
The documentation on 7-13-15 noted positive lumbar spasms and painful decreased range of motion and decreased sensation L4-L5. The patient had abnormal objective findings on MRI and CT scan. The patient's surgical history include surgeries times three microscopic-assisted discectomy at L5-S1 (sacroiliac) on 12-26-07; lumbar decompression at L5-S1 (sacroiliac) with posterior instrumentation, posterolateral fusion at L5-S1 (sacroiliac) and interbody fusion at L5-S1 (sacroiliac) with iliac bone graft on 7-22-10; fusion at L4-L5.Per the note dated 8/10/15 the patient had complaints of pain in the low back. The physical examination of the low back revealed muscle spasm, tenderness on palpation and limited range of motion. Therefore, there are significant abnormal objective findings. The patient has had a trial of non opioid medications including a muscle relaxant, Gabapentin and Lyrica for this injury.There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/375 MG #60 is medically necessary and appropriate in this patient.