

Case Number:	CM15-0179627		
Date Assigned:	09/21/2015	Date of Injury:	08/03/2007
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 8-3-07. Medical record indicated the injured worker is undergoing treatment for chronic intractable lower back pain with bilateral radiculitis and chronic bilateral lower extremity radicular symptoms. Treatment to date has included transforaminal steroid injections, bilateral L5-S1 foraminotomy, physical therapy, oral medications including Norco 5-325mg (since at least 5-2014) and Soma 350mg and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 10-27-14 revealed moderate to severe degenerative disc disease at L5-S1 with mild broad based posterior disc bulge more prominent on left causing narrowing of left lateral recess and moderate to severe bilateral neural foramina narrowing. On 4-4-15 the injured worker complained on lower back pain with some upper back pain; he does not have pain in legs and on 7-7-15, the injured worker complains of neck and back pain with radiation to both legs. He is currently not working. Physical exam performed on 4-4-15 and on 7-7-15 revealed restricted range of motion of cervical spine, tenderness to palpation of parathoracic from T3 to T12-L1 and paralumbar tenderness from L1 to L5-s1. There is lower thoracic and lumbar spasm present with no sacroiliac or trochanteric tenderness. A request for authorization was submitted on 7-7-15 for Norco 5-325mg #120. On 8-13-15, utilization review non-certified a request for Norco 5-325mg #120 noting guidelines recommend opioids for chronic pain for a short period of time and pain level and functional improvement must be documented and compared to baseline for continued opioid use; in this case the pain persists with lack of quantifiable

functional improvement such as decreased dependency on medication, decreased restrictions or an improved ability to perform activities of daily living in comparison to baseline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic intractable low back pain with bilateral radiculitis secondary to L5 - S1 degenerative spondylosis and foraminal stenosis; and chronic bilateral lower extremity radicular symptoms. Date of injury is August 3 2007. Request for authorization is, July seventh 2015. Norco was prescribed as far back as May 2014 (one to the documentation). According to a July 7, 2015 progress note, subjective complaints include neck and low back pain with radiation to the lower extremities. Objectively, there is tenderness to palpation in the parathoracic region T3 - T12 with spasm. The treating provider documents refilling Norco. Utilization review indicates weaning was initiated December 10, 2014. Weaning was again discussed February 11, 2015 and March 12, 2015. The treating provider continues to prescribe Norco 5/325mg despite recommendations for weaning. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines, multiple recommendations for weaning and no documentation demonstrating objective functional improvement, Norco 5/325mg # 120 is not medically necessary.