

Case Number:	CM15-0037532		
Date Assigned:	03/05/2015	Date of Injury:	09/15/2007
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 35-year-old male, who sustained an industrial injury on September 15, 2007. He has reported a head and back injuries. His diagnoses include migraine headaches, lumbar degenerative joint disease, and cervical degenerative joint disease. He has been treated with an electroencephalogram (EEG), x-rays, MRI of the lumbar spine and brain, CT myelogram, work modifications, acupuncture, thoracic-lumbar-sacral orthosis (TLSO) brace, and medications including oral pain, topical pain, antidepressant, and non-steroidal anti-inflammatory. On November 14, 2014, he underwent a left lumbar 5-sacral 1 posterior lumbar oblique arthrodesis with laminectomy and stabilization of instability. Physical therapy was ordered postoperatively. On January 27, 2015, his treating physician reports continued back pain with weakness and burning sensation in the left leg. He is wearing his thoracic-lumbar-sacral orthosis (TLSO) brace and walking with a walker. The pain is 4-9/10 with medications and 10/10 without medications. He reports his pain is reduced by 50% and 50% functional improvement with activities of daily living with medications. The physical exam revealed a clean, dry, and intact posterior incision of the lower back, Rom was not addressed, decreased deep tendon reflexes at the knees and ankles, down going toes to plantar reflex bilaterally, and muscle rigidity in the lumbar trunk suggesting muscle spasm. There is a stellate scar over the vertex of the scalp, which continues to be very sensitive to touch. There is limited neck range in all planes and negative cervical compression, Valsalva, and Hoffman's signs. The treatment plan includes prescriptions for pain and antidepressant medications. The treating physician notes that urine drug screens have been appropriate. He is treated with Norco 10/325 mg #120, Pamelor

and Gralise. Utilization Review on 2/6/15 non-certified the request for Norco citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines note that opioids may be continued if there has been documented improvement in pain and function. In this case, the injured worker is four months status post lumbar fusion and is undergoing postoperative rehabilitation. He is reporting 50% improvement in function and decrease in pain levels from 10/10 to 4/10 with medications. The medical records also indicate that adjuvants are being utilized to address the injured worker's neuropathic pain. The medical records note that a pain contract is in place and there is no evidence of opioid abuse or diversion. The MTUS guidelines do not recommend long-term use of opioids and weaning of opioids should occur after completion of postoperative therapy. However, at this juncture, while the injured worker is undergoing post operative rehabilitation status post fusion, the request for Norco at morphine equivalent dosage of 40 is supported. The request for Norco 10/325 #120 is medically necessary.