

Case Number:	CM15-0069046		
Date Assigned:	04/16/2015	Date of Injury:	07/17/2000
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37 year old male patient who sustained an industrial injury on 07/17/2000. A pain management visit dated 02/23/2015 reported the patient with initial complaints of acute onset of sharp pain in his low back that radiated up his spine and down bilateral lower extremities. He failed conservative care and underwent surgical intervention in 2006. This was subsequently followed by another fusion in 2009 with a course of postoperative physical therapy. The patient reports having weaned down on the use of Norco and is currently utilizing 2-3 daily. He states that without medication his activity is decreased, significantly. With the use of pain medication he reports improvement in both pain and function. He also receives psychiatric care, and is prescribed medication for anxiety/depression. The patient is currently with complaint of low back pain that radiates to bilateral legs; right greater. It is described as an electrical shooting pain. He reports being out of pain medication. Current medication regimen consists of: Norco 10/325mg, Gabapentin 300mg, Omeprazole, Diazepam, and Lidoderm patches, Buspirone, Bupropion, Ativan, Xanax and Ambien. He is diagnose with status post lumbar disc herniation with L4-5 and L5-S1 anteroposterior fusion in 2006 followed by L3-4 fusion in 2009; bilateral lower extremity radicular pain; depression and anxiety, and status post lap-band surgery on 04/18/2009. The plan of care involved: continue with current medications, undergo laboratory work up, urine drug screening, and follow up in one month. A primary treating office visit dated 09/10/2014 reported subjective complaint of anxious and agitated. He reports having been bedridden for 3 days, and experienced a choking type incident getting food caught in chest with resulting emesis and muscle spasms. He also is with persistent

low back pain and spasm causing him to increase use of Norco. He uses a cane to ambulate. The following diagnoses are applied: depressive disorder, anxiety disorder, and rule out alcohol abuse. The plan of care noted continue with psychotherapy sessions, remain off from work, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 37 year old male has complained of low back pain since date of injury 7/17/00. He has been treated with physical therapy, lumbar spine surgery and medications to include opioids since at least 07/2010. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.