

Case Number:	CM15-0091285		
Date Assigned:	05/15/2015	Date of Injury:	09/24/2010
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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 52 year old female, who sustained an industrial injury on 09/24/2010. On provider visit dated 04/09/2015 the injured worker has reported ongoing low back pain that radiates to the bilateral lower extremities, numbness and burning in right foot. On examination, the lumbar spine revealed decreased, positive straight leg test on the right, tenderness was noted on the right sacroiliac joint. Faber's/Patrick's test, Gaenslen and thigh thrust test were all noted as positive. Per documentation, the injured worker was noted to have gained a significant amount of weight since her injury. The diagnoses have included complaints of depression, minimal left lateral recess narrowing at L4-L5, right sacroiliac joint dysfunction, small disc herniation at L3-L4 and moderate disc herniation at L4-L5. Treatment to date has included internal medicine consultations, laboratory studies, and pain medication including Norco. There was no supporting documentation of a pain effectiveness scale submitted for review. The provider requested weight loss program and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in September 2010. When seen, she had worsening low back pain radiating into the lower extremities with numbness and tingling and burning. She was taking Norco two times per day. Physical examination findings included decreased and painful lumbar spine range of motion with right sacroiliac joint tenderness and positive Fabere, and Gaenslen, and Thigh Thrust tests. Straight leg raising was positive on the right. She had gained weight and her BMI was over 37. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA.

Decision rationale: The claimant sustained a work injury in September 2010. When seen, she had worsening low back pain radiating into the lower extremities with numbness and tingling and burning. She was taking Norco two times per day. Physical examination findings included decreased and painful lumbar spine range of motion with right sacroiliac joint tenderness and positive Fabere, and Gaenslen, and Thigh Thrust tests. Straight leg raising was positive on the right. She had gained weight and her BMI was over 37. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. Therefore, the requested weight loss program is not medically necessary.

