

Case Number:	CM15-0011172		
Date Assigned:	03/10/2015	Date of Injury:	02/17/2012
Decision Date:	10/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 56 year old male, who sustained an industrial-work injury on 2-17-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and status post left total knee replacement. Medical records dated 12-3-14 indicates that the injured worker complains of pain in the low back rated 3-9 out of 10 on the pain scale. The pain is described as dull, achy, burning, sharp pain that causes numbness to the left leg and into the shin. There is also right hip pain rated 4 out of 10 on pain scale and it is uncomfortable to walk and also complains of bilateral knee pain, left greater than the right. Per the treating physician report dated 12-22-14 the injured worker has not returned to work. The physical exam dated 12-3-14 reveals antalgic gait to the left and heel toe walk exacerbated to the left. The lumbar exam reveals tenderness over the lumbar paravertebral muscles, moderate facet tenderness over the L4 through S1 spinous processes, positive sacroiliac tenderness on the right, positive Fabere's-Patrick's on the right, positive sacroiliac thrust test on the right and positive Yeoman's test on the right. There is positive Kemp's test bilaterally, positive seated straight leg raise on the left at 60 degrees and positive supine straight leg raise on the left at 55 degrees. There is positive Farfan test bilaterally, decreased lumbar range of motion in all planes. Treatment to date has included pain medication including Tramadol with no relief, Naproxen, Norflex, Norco since at least 5-29-14, diagnostics, left shoulder surgery in 2013, physical therapy and other modalities. The treating physician indicates that the urine drug test result dated 12-3-14 was consistent with the medication prescribed. The original Utilization review dated 12-26-14 non-certified a request for Norco 10-

325mg as there are no neuropathic medications noted as being trialed and failed and these should be considered before additional opioids are prescribed.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: Eligible for IMR. Letter from CA dated 3/3/2015 noted they are pending ortho PQME, which means Claim is still pending and no determination made yet, therefore, eligible for IMR. ODG does not recommend the use of opioids for pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Further; the available medical record provides no documentation of failure of medications more appropriate for chronic treatment of neuropathic type pain. Additionally, medical documents indicate that the patient has been on Norco since 5/2014, in excess of the recommended 2-week limit noted above. As such, the request for Norco 325/10mg is not medically necessary.