

Case Number:	CM14-0126026		
Date Assigned:	08/13/2014	Date of Injury:	06/21/2003
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with an injury date of 06/21/2003. According to the 06/04/2014 progress report, the patient complains of having lumbar spine pain and a restricted range of motion with flexion and extension. There's palpation/tenderness of the paravertebral muscles and tight muscle band are noted on both the sides. The patient is unable to walk on heel, cannot walk on toes, and has a positive straight leg raising test. The 06/03/2014 report also indicates that the patient has persistent low back pain with bilateral lower extremity pain. "He states his pain is shooting in nature bilaterally, predominantly to his thighs. He complains of numbness to his feet with a history of diabetes." The patient's diagnoses include the following: post lumbar laminectomy syndrome, disk disorder, lumbar, sacroiliac pain, lumbosacral disk degeneration, lumbar disk displacement, broken screws in fusion surgery, SCS in place. The treating physician is requesting for Norco (BRP) 10/325mg #30 dispensed twice one tablet every 4 to 6 hours, max 5 a day, quantity 60. The utilization review determination being challenged is dated 07/23/2014. Treatment reports were provided from 11/06/2013 - 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (brp) 10/325mg#30 dispense Take 1 Tab Every 4 -6 Hours Max 5 Day QTY: 60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Muscle Relaxants Page(s): 63 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61) Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. (Chou, 2006) There are multiple medication choices listed separately (not all recommended). See Anticonvulsants for chronic pain; Antidepressants for chronic pain; Anti-epilepsy drugs (AEDs); Anti-Inflammatories; Benzodiazepines; Boswellia Serrata Resin (Frankincense); Buprenorphine; Cannabinoids; Capsaicin; Cod liver oil; Curcumin (Turmeric); Cyclobenzaprine (Flexeril); Duloxetine (Cymbalta); Gabapentin (Neurontin); Glucosamine (and Chondroitin Sulfate); Green tea; Herbal medicines; Implantable drug-delivery systems (IDDSs); Injection with anaesthetics and/or steroids; Intrathecal drug delivery systems, medications; Intravenous regional sympathetic blocks (for RSD, nerve blocks); Ketamine; Methadone; Milnacipran (Ixel); Muscle relaxants; Nonprescription medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; Opioids (with links to multiple topics on opioids); Pycnogenol (maritime pine bark); Salicylate topicals; Topical analgesics; Topical analgesics, Compounded; Uncaria Tomentosa (Cat's Claw); Venlafaxine (Effexor); White willow bark; & Ziconotide (Prialt).**CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89)** Long-term Users of Opioids (6-months or more) 1) Re-assess (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of f Page(s): 60, 61, 88, 89.

Decision rationale: Based on the 06/04/2014 progress report, the patient complains of back pain radiating from his lower back to both of his legs. The request is for Norco (BRP) 10/325 mg #30 dispensed, take 1 tablet every 4 to 6 hours, max 5 a day, quantity 60. The 01/08/2014 progress report states, "The patient notes that his pain is well managed with his current medication regimen. He notes the attempts to reduce his pain from 9/10 to 10/10, which is intolerable, to a 4/10, which is enough to perform daily activities." The patient has been taking Norco as early as 11/06/13 and reports that "Norco keeps the edge off the pain." The 04/09/2014 report indicates that the patient is motivated to decrease his use of opiate medication. In regard to chronic opiate use, MTUS Guidelines pages 88 and 89 required functioning documentation using a numerical

scale, validated instrument at least once every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), outcome measures, documentation of pain, and the time it takes for medication to work. Reviewing the reports, the treating physician mentions analgesia and some of ADL's, but does not discuss adverse effect, and Aberrant behavior including opiate management with urine toxicology, pain contracts, etc. There are no "outcome measures" either. Therefore, the request is not medically necessary.