

Case Number:	CM14-0161566		
Date Assigned:	10/07/2014	Date of Injury:	12/07/2005
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine 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 (IW) is a 45-year-old woman with a date of injury of December 5, 2005. The mechanism of injury, and injuries sustained were not documented in the medical record. She is status-post L5-S1 interbody and intertransverse fusion with instrumentation August 2008. Pursuant to the progress note dated September 16, 2014, the IW has a chief complaint of lower back pain, bilateral thigh pain, and right ulnar forearm pain. She reports that the back pain radiates to her bilateral legs. She has muscle spasms in the left foot and back. She states that pain interferes with her ADLs as it keeps her confined to bed some days. Without medication, the pain is 10+/10 and with medication, the pain is 5-6/10. ROS shows no new medical symptoms since last office visit approximately 1-month prior. Objective findings indicate that the IW sits in a guarded position. She has decreased grip, decreased strength trace to 1+ bilaterally with grip testing. Sensation decreased along the right 4th and 5th digits of her hand. Moderate to severe tenderness, diffuse tenderness to palpation over lumbosacral region and upper buttocks and bilateral SI joints, left>right. Positive bilateral Patrick's test. Diagnoses include: Degeneration of lumbar or lumbosacral intervertebral disc; lumbago, progressive; lumbar post-laminectomy syndrome; chronic pain syndrome; lumbosacral radiculopathy; sacroiliitis; lumbar facet joint pain; myalgia and myositis; unspecified dysesthesia; tenosynovitis of hand; painful hardware; post successful block; cervical degenerative disc disease with radiculopathy and spasms; and new cervical spasm, right side. Treatment plan recommendations include: Continue heat, ice, rest, gentle stretching exercises. Continue medication maintenance program. Norco 10/325mg #120 was prescribed. Current medications also include: Oxycodone IR 15mg, Elavil 25mg, Neurontin 300mg, and Zanaflex 4mg. The IW has been on opiate medications for a number of years. Pursuant to clinical records dated December 10, 2010, the IW received Percocet 10/325mg. Urine drug screen (UDS) dated November 1, 2014 was positive for opioids and

Oxycodone. A UDS dated April 21, 2014 indicates that the IW was positive for Hydrocodone >1000 mg/ml, and Hydromorphone 248.71 mg/ml. Both findings indicate inconsistent results. There was no further documentation in the medical record addressing the inconsistent results. Consequently, the IW was negative for Oxycodone, in which she was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Official Disability Guidelines and the Chronic Pain Medical Treatment Guidelines, Norco 10/325#120 (one Q6h PRN pain) is not medically necessary. The guidelines recommend documentation in the medical record for ongoing management and review of narcotic use. The recommendations state the lowest possible dose should be prescribed to improve pain and function. This should be an ongoing review of the documentation as to 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 opiate; 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, increase level of function or improve quality of life. Additional details are available in the Official Disability Guidelines opiate section. In this case, the injured worker has been taking Percocet (Oxycodone) since December 2010. The progress note documentation largely indicates Oxycodone (Percocet) has been the drug of choice. On April 21 of 2014, a urine drug screen was ordered with an inconsistent results returned. It showed Hydrocodone (Norco) greater than 1000 and Hydromorphone (Dilaudid). Oxycodone (Percocet) was not present in the urine. There was no additional documentation addressing the inconsistent drugs found in the urine drug screen. The narcotic prescriptions continued to be renewed, however. On August 14th 2014, the injured worker was still taking Oxycodone according to the documentation. There was no Norco noted in the medical record. However, on September 18, 2014, the progress note entry indicated Norco 10/325 one tablet per day; increase dose by one tablet per day #30 was entered. The medical record is unclear as to whether Oxycodone was being written concurrently. The medical record lacks discussion/ documentation relative to the ongoing management and review, the inconsistent results in the urine drug screen, polypharmacy including long term multiple opiate use and muscle relaxants taken daily. Additionally, the medical record does not reflect functional improvement having taken opiates long-term. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 mg #120 (110 Q6 hours PRN pain).