

Case Number:	CM14-0023032		
Date Assigned:	06/11/2014	Date of Injury:	03/13/1986
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 76 year old male who reported an injury on 03/13/1986. The nature or mechanism of the reported injury is unknown. His complaints on the 08/30/2013 exam include continued pain in the low back described as aching and constant and left foot pain described as constant. He rated his pain as 8/10 with medications. His diagnoses include Lumbago, low back pain and post laminectomy syndrome, lumbar. His medications include Ambien CR 12.5 mg, Meloxicam 15 mg, Neurontin 600 mg, Senokot-s 8.6/50 mg and Norco 10/325 mg. An MRI of the lumbar spine on 08/17/2012 shows disc degeneration from L1-2 through L5-S1, with associated annular bulges and foraminal stenosis. A qualitative urine drug screen collected on 10/16/2012 was positive for Hydrocodone, Norhydrocodiene and Hydromorphone. There was no request for authorization found in the submitted chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #240 X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The request for Norco 10/325 mg #240 X4 is not medically necessary. The injured worker is a 76 year old male who reported an injury of unknown nature or mechanism on 03/13/1986. His complaints on the 08/30/2013 exam include continued pain in the low back described as aching and constant and left foot pain described as constant. He rated his pain as 8/10 with medications. It is unclear if this refers to the foot, back or generalized pain rating. His diagnoses include Lumbago, low back pain and post laminectomy syndrome, lumbar. His medications include Ambien CR 12.5 mg, Meloxicam 15 mg, Neurontin 600 mg, Senokot-s 8.6/50 mg and Norco 10/325 mg. per the submitted chart; he has been taking Norco since at least January of 2012. He is being treated for constipation, a possible side effect of the Norco. California MTUS attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Under the subheading Opioids for Chronic Pain, page 80 the recommendations read opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Chronic pain can have mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (less than 70 days). There is no indication that this worker has had a psychosocial assessment. There is no record of failed trials of acetaminophen, aspirin or NSAIDs. There is no record of failed trials with antidepressants or anticonvulsants. There is no pain assessment which includes 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. There is no data since the last exam on 08/30/2013. The duration of his taking Norco far exceeds the recommendations for short-term use of 70 days. There is no evidence at attempt to wean this worker off of the Norco. The request does not contain directions for taking this medication. Therefore, the request for Norco 10/324 mg #240 X4 is not medically necessary.

