

Case Number:	CM14-0208058		
Date Assigned:	12/22/2014	Date of Injury:	01/23/2008
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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 patient is a 67-year-old female with a date of injury of 01/23/2008. According to progress report dated 11/05/2014, the patient presents with chronic back and right knee pain. The patient describes her low back pain as intermittent aching pain and bilateral knee pain as occasional dull, aching pain. The patient also complains of numbness and tingling in the left leg. The patient requested a prescription for Norco 5 mg for daytime use and 10 mg for sleeping. Physical examination revealed tenderness to palpation of the lumbar paraspinal region. Strength is 5/5 of the lower extremity except with hip flexion, which is 4/5. Examination of the right knee revealed range of motion is 0-100 degrees and strength is 4+/5 with flexion and extension. Listed diagnoses are: 1. Myoligamentous lumbar sprain/strain. 2. Multilevel lumbar spondylosis. 3. Status post right knee total arthroplasty, 07/09/2014. 4. Status post left knee total arthroplasty, 11/06/2013. The patient is able to return to modified work. Treatment plan was for 10 sessions of physical therapy, MRI scan of lumbar spine, and medications including Voltaren gel, Norco 5/325 mg #90, and Norco 10/325 mg #30. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for chronic pain Page(s): 88, 89, 76-78; 60-61.

Decision rationale: This patient presents with chronic low back and bilateral knee pain. The current request is for Norco 5/325 mg #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been utilizing Norco 5/325 mg since at least 11/13/2014. In this case, recommendation for further use of Norco 5/325 mg cannot be made as the treating physician has provided no discussion regarding this medication's efficacy. There are no before and after pain scales to denote decrease in pain, no specific ADLs are discussed, no change in work status or return to work to show significant functional improvement. Urine drug toxicology and other aberrant behaviors such as CURES, early refills/loss of medications and possible adverse side effects are not provided as well. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco 5/325 mg #90 is not medically necessary.

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76 to 78.

Decision rationale: This patient presents with chronic low back and bilateral knee pain. The current request is for Norco 10/325 mg #30. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. According to progress report dated 11/05/2014, the treating physician would like to add Norco 10 mg to the patient's medication regimen for "sleeping." This is an initial request for the 10mg Norco. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities..." The request is not medically necessary.