

Case Number:	CM15-0004471		
Date Assigned:	01/15/2015	Date of Injury:	10/01/2007
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 58 year old female who sustained an industrial injury on October 1, 2007, tripping over a hose. She has reported bruising of the right lower extremity. The diagnoses have included lumbar sprain/strain, lumbar postlaminectomy syndrome, myofascial pain, and chronic pain. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), home exercise program, water therapy, ultrasound treatment, and medications. Medications in August 2014 included topiramate, naproxen, and norco. Progress notes document prescription of norco from at least April 2014 to December 2014. Work status was noted as temporarily totally disabled/off work from April 2014 to December 2014. Currently, the injured worker complains of low back pain, with medications and TENS treatments helping with the pain. The Primary Treating Physician's visit dated December 5, 2014, noted the injured worker was attending gym and water treatment. No medication side effects were reported. The 12/5/14 report did not include any objective findings other than vital signs. Examination on 11/21/14 showed skin to be clean and dry, mental status alert and oriented, and normal gait. Examination on 11/7/14 showed tenderness to palpation mildly decreased range of motion. On December 11, 2014, Utilization Review non-certified Norco 10/325mg #46, noting there was no documentation of efficacy of the medication in providing analgesia, improvement or maintenance of function with the medication, evaluation of aberrant behaviors through use of random urine drug testing, or any side effects of the medication. Utilization Review cited the MTUS, ACOEM, and ODG. On January 8, 2015, the injured worker submitted an application for Independent Medical Review of Norco 10/325mg #46.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Norco 10/325 #46: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids, and represents an inadequate focus on functional improvement. The request for norco is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS, and lack of demonstration of functional improvement as a result of prescription of norco.