

Case Number:	CM15-0007110		
Date Assigned:	01/22/2015	Date of Injury:	05/23/2003
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on May 23, 2003. She has reported an injury when she stepped back from a car to deliver a package. The diagnoses have included lumbar degenerative disc disease, sciatica and low back pain. Treatment to date has included lumbar medial branch blocks and medication. Per most recent records, the injured worker complains of low back pain. She has also been experiencing achy spasms. Medication and the medial branch blocks were noted to help her with her symptoms. On December 31, 2014 Utilization Review non-certified Norco tablets, noting the California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, and 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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 (Passik, 2000). Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, and suicide attempt, arrest related to opioids and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits serious non-adherence. Per the Guidelines, Chelminski defines serious substance misuse or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed (Chelminski, 2005). 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work. Has patient had improved function and decreased pain with the opioids. For the patient of concern, the records supplied do indicate that treating physician has reviewed pain and function questionnaires with patient as recently as August 2014. No further objective evaluation of functional improvement is noted in the records. The treating physician lists only hypersomnolence as medication side effect. Pain is noted to be 70% improved with pain medication regimen which includes Norco, but there are no pain ratings in the notes to verify the pain levels with and without medication. The records refer to 2 urine drug screens, August 2013 (completed) and August 2014 (planned). However, only the results from another urine drug screen dated November 2013 are available for review. Based on the notes about the urine drug

screen August 2013 and the actual results available for November 2013, patient has now had 2 urine drug screens negative for the substance she is prescribed, the Hydrocodone. The treating physician notes indicate that patient has an explanation for the negative result, but the explanation is not in the record. Without evidence that appropriate monitoring of functional improvement is ongoing and with evidence of serious misuse / non-adherence with 2 negative urine drug screens, the request for Norco is not medically necessary. No tapering prescription would be required as the urine drug screens suggest patient is not taking the Norco as prescribed regardless.