

Case Number:	CM15-0102326		
Date Assigned:	06/04/2015	Date of Injury:	04/10/2011
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 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:

This 26-year-old male sustained an industrial injury to the low back and left elbow on 4/10/11. Previous treatment included magnetic resonance imaging (2/10/14), lumbar fusion and medications. In a PR-2 dated 4/16/15, the injured worker complained of ongoing low back pain with radiation to the leg. Physical exam was remarkable for lumbar spine with spasms and guarding. Current medications included Gabapentin, Naproxen Sodium, Norco and Buprenorphine. The injured worker reported being unable to tolerate Buprenorphine due to nausea and vomiting. Urine drug screen from 3/26/15 was positive for Oxycodone. Current diagnoses included lumbar disc displacement without myelopathy and lumbar post laminectomy syndrome. The treatment plan included discontinuing buprenorphine, continuing medications (Norco, Gabapentin and Naproxen Sodium) and requesting authorization for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Opioids, Criteria for Use Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is sufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids; specifically, the use of Norco in the amount prescribed. There is sufficient documentation of the "4 A's for Ongoing Monitoring." The appeal letter, dated May 6, 2015, describes actions by the treating physician that justify the ongoing use of Norco in this patient. This includes: prescriptions by one physician, ongoing monitoring of the CURES report, urine drug screening and assessment for aberrant behavior. The use of Norco 10/325 mg #30 is justified in this case as the medical records indicate that the actions of the treating physician are consistent with the above-cited MTUS guidelines. Therefore, the request is not medically necessary.