

Case Number:	CM15-0109317		
Date Assigned:	06/16/2015	Date of Injury:	10/27/2001
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 10/27/2001. He has reported injury to the low back. The diagnoses have included L5-S1 disc disease with grade I stable spondylolisthesis and disc bulge and L4-L5 disc desiccation with annular tear; lumbar facet syndrome; multiple sclerosis with optic neuritis and legal blindness; and depression. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Norco, Butrans Patch, Flexeril, Terocin lotion, and Pamelor. A progress note from the treating physician, dated 05/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening low back pain; pain is rated at 9/10 on the visual analog scale; the back pain radiates down both lower extremities; he continues to use the Butrans patch and Norco, however, notes that those have not been as effective as before; at times, he needs to escalate to seven or seven and a half Norco a day, as needed; he remains on Flexeril and Pamelor; and he is having difficulties with sleeping due to increased pain and his everyday activities. Objective findings included no apparent distress and cognitively intact; severe depression; lumbar range of motion is decreased; flexion with little discomfort; extension with increase in low back pain; and straight leg raising maneuvers reproduce posterior thigh pain bilaterally. The treatment plan has included the request for liver function test; and Norco 10/325 mg #210. The reports noted that the IW usually filled either the Norco or the Butrans. The UDS reports are inconsistent with that from 11/14/2014 noting the presence of cannabinoid and the 4/6/2015 not nortriptyline. The compounds were not listed as

prescribed. The IW had utilized the following opioids in the past; Fentanyl patch, OxyContin, oxycodone, methadone and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver Function Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS did not address the use of Liver Function Tests (LFT) to monitor opioid adverse effects. The ODG guidelines noted that chronic high dose can be associated with liver toxicity. The records show that an LFT was previously authorized in 2014. The report was not available for this review. The risk of liver toxicity can be significantly reduced by reduction of Norco dosage. The utilization of non opioid co-analgesics can lead to decrease in opioid requirements. The request for Liver Function Test (LFT) is not medically necessary.

Norco 10/325 MG #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when treatments with NSAIDs, non-opioid co-analgesics and PT have failed. The utilization of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, drug interaction with other medications and adverse effects. The records indicate that the patient had been utilizing multiple opioids and sedatives concurrently for many years. It was noted that the patient was filling either Butrans or Norco. The UDSs reports showed inconsistencies. The utilization of Norco a pure opioid agonist with Butrans a partial agonist is associated with a reduction in opioid ceiling effect and decreased opioid efficacy. The records noted concerns on possible hepatic toxicity associated with chronic utilization of high doses of Norco. The request for the use of Norco 10/325mg #210 is not medically necessary.

