

Case Number:	CM15-0136971		
Date Assigned:	07/24/2015	Date of Injury:	06/24/2014
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 6/24/14. He had complaints of neck and back pain. Progress report dated 6/25/15 reports continued complaints of pain rated 3/10 with medication and 10/10 without medication. There is no change in the location of the pain. Quality of sleep is poor and he had a recent flare up which made it difficult for him to perform activities. Pain medication is helpful in relieving the pain. Upon exam, the lumbar spine has limited range of motion due to pain. Diagnoses include: low back pain, lumbar radiculopathy and cervical spondylosis-related myofascial pain syndrome without verifiable radiculopathy. Plan of care: educated on medication use and exercise, prescriptions given; Norco 10/325 mg 1 every 4-6 hours as needed for pain #150, 1 refill and Ultram ER 200 mg 1 daily #30, 1 refill. Work status: as per med-evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 150 Refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 80, 81.

Decision rationale: The patient presents on 06/25/15 with continuing unspecified pain rated 3/10 with medications, 10/10 without medications. The patient's date of injury is 06/24/14. Patient has no documented surgical history directed at this complaint. The request is for Norco 10/325mg qty 150 refills 1. The RFA was not provided. Physical examination dated 06/25/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms, hypertonicity, and lumbar facet loading noted. Neurological examination is unremarkable. The patient is currently prescribed Ultram and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not indicated per MTUS. The treater does provide documentation of the four A's including 70% analgesia with use of medication. For ADL's, it is mentioned that the patient is able to cook, clean, and perform self-care activities. However, this is not a significant ADL change. More specific details or the use of appropriate measures are needed to show significant change in ADL's per MTUS. The provider notes that the most recent urine drug screening, collected was consistent with this patient's prescribed medications and notes a lack of aberrant behavior. More importantly, MTUS p80, 81 also states the following regarding narcotics for chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. The request is not medically necessary and the patient should be slowly weaned off this medication.