

Case Number:	CM15-0137247		
Date Assigned:	07/27/2015	Date of Injury:	06/04/2003
Decision Date:	08/28/2015	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, Hawaii

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 42 year old male, who sustained an industrial injury on June 4, 2003, incurring lower back injuries from heavy lifting and twisting. He was diagnosed with lumbar degenerative disc disease and lumbar spondylosis. He underwent a total of five lumbar surgeries including a lumbar laminectomy and a lumbar fusion. Treatment included muscle relaxants, pain medications, multiple surgical interventions and work modifications. Currently, the injured worker complained of continued low back pain radiating into the left buttock. Before surgery, his pain level was 4 out of 10 but after surgery he rated his pain a 2-3 on a pain scale of 1 to 10. The injured worker noted increased pain with prolonged sitting and standing. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one tab up to 3 times/day #90: Overturned

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

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

Decision rationale: The patient presents with continued low back pain radiating into the left buttock. The current request is for Norco 10/325mg one tab up to 3 times/day #90. The treating physician states, in a report dated 06/08/15, "With regard to medication, we will have the patient transition from Exalgo 12 mg daily with Norco for breakthrough pain relief to only Norco 10/325 to be taken 3 times daily. The patient does express desire to wean down on medications in general, with the ultimate goal of not being on pain medication. We do not anticipate he will experience any withdrawal symptoms with the discontinuation of Exalgo, we will monitor his response to taking Norco 3 times daily." (92B) The MTUS guidelines state, "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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician, in a UR denial response dated 08/15/15 has the following to say, "With regard to medication, the patient has been utilizing 3 Norco per day. With this medication, he does receive 30-40% pain decrease. He reports no side effects. Please acknowledge that the patient is using Norco for breakthrough pain. This patient continues to have right sided lower back pain. Pain is worse with stent periods of activity, also with extended periods of sitting or standing. Guidelines do recommend continued opioid therapy for moderate to severe pain as in this case. We do acknowledge that chronic use of opioids is not recommended by the guidelines. The patient will be using Norco on an as needed basis and not regularly. Please note that this patient has a history of gastro-esophageal reflux and therefore, we would like to minimize the use of oral NSAIDs. He has had physical therapy and five separate lumbar spine surgeries but continues to be symptomatic. The patient has tried several long acting opioids such as OxyContin, Methadone, Morphine and Opana ER without benefit in the past. He was then switched to Exalgo ER but noted erectile dysfunction with it. Therefore, we have now prescribed Norco 10-325 mg three times a day for breakthrough pain. He did not report any sexual side effects with Norco in the past. He will eventually discontinue the use of Norco. Please note that the patient does find Norco to be beneficial in terms of pain relief and overall functional improvement. With this medication, he does receive 30-40% pain decrease. This provides him the functional benefit of increased tolerance for activity including physical therapy. He reports no side effects. Please acknowledge that the patient recently had his urine drug screen conducted on 06/08/15 which is positive for opiates, thus, consistent with the patient's medication regimen. There have been no signs or issues of abuse or aberrant behavior or diversion with this patient and their medication. His DEA CURES report dated 03/26/15 indicates that the patient has been receiving opioids only from our office. He is not receiving opiate prescription from any other physician. No escalation of dose, overutilization or diversion from the prescribed medication regimen has been noted till now. Please note that the patient has recently signed an opioid pain contract with us on 03/02/15. We have discussed risks and benefits surrounding long-term opioid use for the treatment of chronic pain and patient voices understanding. The patient is currently stable on his medications as prescribed. Given that the medication is benefitting him and he has been using it on a PRN basis, we do feel the remaining #15 tablets of Norco 10-325 mg for DOS 6/8/15 should be authorized. The use of this medication is consistent with MTUS guidelines." (34,40B) The treating physician has documented the necessary criteria outlined in the MTUS guidelines for continued opioid usage. The current request is medically necessary.

