

Case Number:	CM15-0137645		
Date Assigned:	07/27/2015	Date of Injury:	06/19/2008
Decision Date:	09/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on 6-19-08. She reported low back pain. The injured worker was diagnosed as having multilevel lumbar degenerative discogenic disease and left lower extremity radiculopathy. Treatment to date has included physical therapy, acupuncture, and medication. On 5-6-15 pain was rated as 5 of 10 without medication and 2-3 of 10 with medication. The injured worker had been taking Norco since at least 10-7-10. Records indicate that multiple urine drug screens have been negative for the injured worker's prescribed Norco, as well as for prescribed benzodiazepine medications. In addition, on one occasion non-prescribed morphine and codeine were detected. Abnormal specimen validity testing was documented on 05/25/11 drug screen. Per 09/21/12 QME report, the injured worker reported that she does not take hydrocodone if she will be driving, and only takes benzodiazepines on an as-needed basis. Despite this information, her Norco dosage had been increased from 3 times daily to 4 times daily. No attempt to determine her actual medication usage, including pill counts, is documented. Monitoring of CURES reports is not documented. 05/16/15 office note stated that she reported low back pain which was 5/10 without medications and 2-3/10 with medications. Same paragraph stated that pain level was 10/10. She reported that medications help with ADLs and increase functioning, walking, sitting, and standing. However, no specifics were provided concerning these activities. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy “Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy.” MTUS states monitoring of the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Office notes document escalating prescription of opioid pain medication despite evidence of non-compliance. Detailed documentation of functional improvement with opioid use is not documented. Medical necessity is not established for the requested Norco, per MTUS guidelines.