

Case Number:	CM15-0142891		
Date Assigned:	08/03/2015	Date of Injury:	09/07/1998
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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 69-year-old male, who sustained an industrial injury on 9-07-1998. The injured worker was diagnosed as having discogenic lumbar condition with radicular component down the left lower extremity, element of weight gain, sleep, stress, and depression due to chronic pain, and evidence of hip joint inflammation. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, back brace, H wave unit, and medications. Currently (6-17-2015), the injured worker complains of low back pain, with shooting pain down the lower extremities, and radiating down both legs. Pain was not rated. He ambulated with a cane. Chores were minimized and ambulation was diminished since a flare up (in 2-2015). He was approved for a six-month gym membership and had gone 4 times so far, expecting to gradually increase the frequency. It was documented that he used Norco (approved on 5-22-2015). A review of symptoms noted issues with sleep, if not stress and depression. He received prescriptions for Norco (#190-given in 2 prescriptions). It was documented that urine drug screen did not show evidence of Norco. He reported running out of Norco for the last 2 weeks. He was not working. The use of Norco was noted for greater than one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #190: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

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: This patient presents with low back pain, with shooting pain down the lower extremities that radiate down both legs. The current request is for Norco 10/325 #190. The RFA is dated 06/17/15. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, back brace, H wave unit, and medications. The patient is not working. MTUS Chronic pain Guidelines pages 88 and 89 states, "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 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient has been utilizing Norco since at least 12/17/14. Progress reports from 12/17/14 through 06/17/15 were reviewed. According to report 06/17/15, the patient reports low back pain, with shooting pain down the lower extremities. Examination revealed patient ambulates with a cane, weakness in the quadriceps, and pain along the groin area. The treater reported that the patient had a negative UDS. The patient states he ran out of medication for the last two weeks. Per report 05/07/15, a refill of Norco was provided. There was no discussion regarding medication efficacy. On 04/02/15, the treater reported that the patient was receiving medications from another physician. The patient was informed that this was not allowed. The patient was given a refill of Norco and a UDS was recommended. In this case, the treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding adverse reactions either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.