

Case Number:	CM15-0148176		
Date Assigned:	08/11/2015	Date of Injury:	05/06/1999
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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 55 year old female who sustained an industrial injury on 05-06-1999. According to a progress report dated 03-16-2015, the injured worker was seen for chronic spine pain. Pain level was rated 9 on a scale of 1-10. She continued to take Cymbalta, Ibuprofen and Norco. Her carrier authorized a small quantity for weaning. The provider noted that the injured worker might have submitted the medication under alternative coverage since 68 tablets was not adequate for a 30 day supply. She was using her TENS every morning along with icing, but her pain had just been getting worse. Her last urine drug screen was reviewed and was positive for a small amount of Tramadol and no Hydrocodone. The injured worker reported that she had been considerably more active caring for someone and had took several extra Norco over a period of a few days and accepted Tramadol tablets which lasted her for a couple of days until she could then fill her Norco prescription. The provider discussed the importance of taking medications as prescribed. A urine drug test was performed. According to a progress report dated 07-02-2015, the injured worker had low back pain and left lower extremity pain since her injury. Current pain level was rated 7 on a scale of 1-10. She reported that the only medications that were being authorized were Cymbalta, Docusate Sodium and Ibuprofen. Opioid risk was noted as moderate. Past medical history included thyroid disease and left elbow pain. Psychiatric history included depression and anxiety. Past surgical history included lumbar fusion in 2006 and laminectomy in 1994. Social history was noted as disabled paramedic. Objective findings included ambulation with a walking staff, favoring the left lower extremity. She transferred from station to station without assistance, but a bit awkwardly because of pain. She had some increased tone over the

lumbar paraspinous musculature mainly left sided without palpable trigger points. There was no percussion tenderness. There was diffuse mild tenderness over the left lumbar spine. She pointed to pain referring into the left lower extremity just distal to the knee and exacerbated by dorsiflexion of the left ankle. Assessment included chronic lumbar spine pain and left lower extremity pain on an industrial basis. Her primary care provider was managing her Methocarbamol and Topiramate. She was to Continue Cymbalta and Ibuprofen. The injured worker had a signed opioid agreement. A urine drug screen was obtained and was positive for opiates and noted as consistent with declared prescriptions of Hydrocodone. This report was submitted for review. Currently under review is the request for 1 prescription of Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

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.

Decision rationale: The patient presents on 07/02/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 05/06/99. Patient is status post lumbar laminectomy in 1994 and status post lumbar fusion at L4-5 levels in 2006. The request is for 1 PRESCRIPTION OF NORCO 10/325MG #120. The RFA is dated 07/02/15. Physical examination dated 07/02/15 reveals diffuse mild tenderness to palpation of the lumbar spine with referred pain radiating into the distal knee. The patient is currently prescribed Cymbalta, Docusate, Flexeril, Ibuprofen, Methocarbamol, and Topiramate - though it is not clear if this patient is currently take the latter two medications, owing to frequent UR denials. Per 07/02/15 progress note, patient is "disabled." MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, 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 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 treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 07/02/15 has a patient questionnaire addressing medication efficacy, with the patient indicating that she receives 20-50 percent relief attributed to medications, though the questionnaire does not provide any activity-specific functional improvements. Such vague documentation does not satisfy MTUS guidelines, which require documentation via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, documentation of analgesia as well as consistent urine drug screening has been provided.

However, the provider does not provide any activity-specific functional improvements, and does not specifically note a lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.