

Case Number:	CM15-0161078		
Date Assigned:	08/27/2015	Date of Injury:	09/18/2009
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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 58-year-old male who sustained an industrial injury on 9-18-09. His initial complaints and the nature of his injury are unavailable for review. The most recent progress note, dated 7-16-15, indicates diagnoses of status-post fluoroscopically-guided right L4-L5 and right L5-S1 facet joint radiofrequency nerve ablation, lumbar facet joint pain at L4-L5 and L5-S1, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, status-post right shoulder labral repair and subacromial decompression on 8-28-12, bilateral shoulder pain, bilateral knee pain, status-post bilateral knee surgery, bilateral knee internal derangement, and headaches (non-industrial). The report indicates that the injured worker complains of right low back pain radiating into the right buttock. It indicates that his Norco had been "modified" on 6-19-15, but that the injured worker had a "change in condition on 6-29-15. Therefore, this modification does not apply". The injured worker reported paying out-of-pocket for the prescribed Norco. In the treatment recommendations, it states that the "change in condition" was increased low back pain "with 50% decreased range of motion". It states "Therefore, all prior denials for Norco and lumbar radiofrequency nerve ablations no longer apply". The treatment recommendation indicates to schedule the repeat radiofrequency nerve ablation and a prescription for Norco was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: 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 was injured on 09/18/09 and presents with right low back pain radiating to the right buttock. The request is for Norco 7.5/325mg #60. The utilization review denial letter did not provide a rationale. The RFA is dated 07/03/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 04/15/13 and treatment reports are provided from 04/15/13 to 07/16/15. 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding 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 as it is "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." The 06/14/15 report indicates that the patient rates his pain as an 8/10. The 07/16/15 report states "Norco provides 70% improvement of his pain with 70% improvement of his activities of daily living such as self-care, dressing. He is on an up-to-date pain contract and his previous UDS were consistent with no aberrant behaviors." The treater provides discussion regarding all four A's stating that the patient has 70% improvement in pain, and improvement in ADLs, and no aberrant behavior. However, it is not apparent whether 70% improvement in self-care and dressing is credible. No other specific documentations are provided. In addition, the patient has been on Norco since 2013, and MTUS does not support long-term use of opiates for chronic low back conditions and non-nociceptive or non-neuropathic conditions. The request IS NOT medically necessary.