

Case Number:	CM15-0161827		
Date Assigned:	08/27/2015	Date of Injury:	03/22/2006
Decision Date:	10/02/2015	UR Denial Date:	07/28/2015
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:

This 45 year old woman sustained an industrial injury on 3-22-2006. The mechanism of injury is not detailed. Diagnoses include lumbago, overweight, celiac disease, sacroiliitis, and chronic pain syndrome. Treatment has included oral medications and spinal cord stimulator insertion. Physician notes dated 2-2-2015 show complaints of left sacroiliac joint pain, resolving radicular pain, and resolving thumb pain rated 5 out of 10. Recommendations include continue current medication regimen, urine drug screen, Norco, decrease Nucynta, Trazadone, and follow up in four weeks.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 76-80, 86, 91-94.

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: Based on the 2/2/15 progress report provided by the treating physician, this patient presents with resolving radicular pain, resolving thumb pain, continuing left SI pain. The treater has asked for NORCO 10/325MG #120 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p permanent SCS placement on 9/23/14, which she uses on a daily basis and has noted an improvement of 50% in overall pain per 2/2/15 report. The patient's current medications include Norco and Nucynta which helps to diminish pain significantly, and Trazadone which helps with insomnia per 2/2/15 report. The patient has migratory radiculopathy from left to right lower extremity and has persistent pain to the L3 and L5 nerve root per 2/2/15 report. The patient is in the process of finding a new PTP per 2/2/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater states that current medication regimen which includes Norco "helps diminish pain significantly" per 2/2/15 report. It is not known how long patient has been taking Norco but the patient is currently taking Norco. The patient has developed a tolerance to opioids, but a recent SCS implant has reduced overall pain by 50% per 2/2/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A UDS dated 2/10/15 was consistent with prescribed medications, but no cures and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.