MAXIMUS Federal Services

Case Number:	CM15-0165142		
Date Assigned:	08/31/2015	Date of Injury:	07/13/2001
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 (IW) is a 62 year old female who sustained an industrial injury on 07/13/2001. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Internal derangement of knee not otherwise specified, Lumbosacral neuritis or radiculitis, Knee strain, Sprains and strains of lumbar region. Treatment to date has included medications for pain and for muscle relaxation. She previously had a right ulnar nerve transposition of her right elbow. Currently, the injured worker complains of low back pain radiating down the legs into the feet, and right elbow pain with numbness. The pain has been persistent and worsening. She has seen her family physician for pain medications and muscle relaxant. According to the worker, she fell on 09-27-2014 and 03-03-2015, each time re-injuring her back landing on her knee and right elbow. Pain ranges from 7-9 on a range of 0-10. She complains of increased pain with prolonged sitting, standing, and walking plus taking stairs. She has headaches due to poor sleep secondary to back pain. Her symptoms encompass fatigue, disturbed sleep, night sweats, teeth grinding and stress. On exam, the worker has warmth over the anterior aspect of the knees bilaterally, crepitus with passive range of motion, tenderness to the lumbar peritrochanteric regions and medial joint line bilaterally. Lumbar range of motion in flexion and extension is 50% of normal secondary to pain. She has motor weakness in left and right hip flexion, right and left knee flexion, and right knee extension. The plan of care is for continuation of current medications of Amitriptyline, Soma, Gabapentin, and Norco.A request for authorization was submitted for: 1. Amitriptyline. HCl 50mg #30. 2. Soma 350mg #60. 3. Gabapentin 600mg #90 with 2 refills. 4. 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, 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.

Decision rationale: The 62 year old patient complains of low back pain radiating to legs into the feet, and right elbow pain with numbness, as per progress report dated 06/16/15. The request is for NORCO 10/325mg #120. The RFA for this case is dated 07/27/15, and the patient's date of injury is 07/13/01. The pain is rated at 7-9/10, as per progress report dated 06/16/15. Diagnoses included internal derangement of knee, lumbar spine neuritis or radiculitis, knee strain, and sprains and strain of the lumbar sprain. Medications included Amitriptyline, Carisoprodol, Gabapentin and Norco. The patient is permanently disabled, as per the same report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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 p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, Norco is only mentioned in progress report dated 06/16/15. It is not clear when this medication was initiated. As per progress report dated 06/16/15, the patient "is more functional with medication". The report also states that the patient has been taking medications to "control her symptoms in order to function at a reasonably independent level for her activities of daily living". The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication in this patient. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Additionally, MTUS p 80, 81 states 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." Hence, the request is not medically necessary.