

Case Number:	CM15-0181951		
Date Assigned:	10/14/2015	Date of Injury:	10/09/2009
Decision Date:	11/25/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 68 year old female who sustained an industrial injury on 10-09-2009. Medical records indicated the worker was treated for lumbago with bilateral sciatica and left shoulder rotator cuff tear. In the provider notes of 08-12-2015, the injured worker complains of low back pain, left shoulder pain, and bilateral sciatica. The worker would like to see a psychologist. A request for pain management has been approved. On exam, the worker has tenderness on palpation of the paraspinal muscles with spasming and guarding. She also has severe scoliosis that can be observed on inspection. The worker is on Norco for pain. Treatment recommendations include a bilateral L4-5 lumbar epidural. She previously had a lumbar epidural in 2-1015 that provided her greater than 60% relief of her back and leg pains. A request for authorization was submitted for Norco 10/325 mg Qty 90, and Psychological counseling, Unknown sessions. A utilization review decision 09-04-2015 denied the request for Norco, and the Psychological counseling sessions were conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/12/15 progress report provided by the treating physician, this patient presents with unchanged left shoulder pain, low back pain, and bilateral sciatica. The treater has asked for Norco 10/325 mg Qty 90 on 8/12/15. The patient's diagnoses per request for authorization dated 8/24/15 are sciatica, lumbago, sprain rotator cuff. The patient is s/p lumbar epidural steroid injection bilateral L4-5 from February 2015 with 60% relief from back and leg pains per 8/12/15 report. The patient has a history of hypertension and heart disease per 7/10/15 report. The patient is currently using Bystolic, Benicar, Tramadol, Soma, Percocet, Adderall, and Thermacare wraps per 7/10/15 report. The patient has been disabled since 8/3/10, and is on permanent work restrictions per 8/12/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "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, 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, Criteria for use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient has been taking Tramadol since 9/8/14 and in reports dated 11/11/14, 5/28/15, and 8/12/15. The current request is for a prescription of Norco. Utilization review letter dated 9/4/15 modifies request from #90 to #68 due to lack of documentation that long-term opioid therapy has been effective. 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. The most recent UDS was from 3/22/12 which was inconsistent (positive for Oxymorphone/Oxycodone, Nordiazepam, Oxazepam, Temazepam, and amphetamine, none of which were prescribed). In addition, no CURES and no opioid contract were provided in the documentation. 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.