

Case Number:	CM15-0182801		
Date Assigned:	09/23/2015	Date of Injury:	09/01/2007
Decision Date:	10/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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: Family Practice

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 42 year old female who sustained an industrial injury September 1, 2007. Past history included artificial discs 2010. According to a primary treating physician's progress report dated August 21, 2015, the injured worker presented with continued pain in the low back, neck and hips. She also reports left and right leg sciatica, described as constant. She rated her pain 7 out of 10 with medication and 9 out of 10 without medication. She is able to cook, do laundry, garden, shop, bathe, dress, brush teeth and drive. Current medication included Paxil, Trazodone, Norco, Flexeril, and Prilosec. Physical examination revealed; cervical-tender, decreased flexion and extension, rotation, and left and right lateral bending; spine, ribs and pelvis- tender at lumbar spine, facet joint, decreased flexion and extension and decreased lateral bending. Diagnoses are lumbago, low back pain; myofascial pain syndrome, fibromyalgia. At issue, is the request for authorization for Norco. A urine drug screen dated June 19, 2015, is present in the medical record and documented as inconsistent Hydromorphone. According to utilization review dated September 15, 2015, the request for Norco 10-325mg tablet, 1 tablet(s) PO (by mouth) every 5 hours as needed NTE5-day, 30 days, for a total of 150, start on August 21, 2015 and end on 09-19-2015 and (dm) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet, 1 tablet, PO, q5hrs prn NTE 5/day, 30 days, for a total of 150, start on 8/21/15 end on 9/19/15 and drn: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco 10/325mg #150 is not medically necessary.