

Case Number:	CM15-0183646		
Date Assigned:	09/24/2015	Date of Injury:	05/04/2005
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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 54 year old female, who sustained an industrial injury on May 4, 2005. She reported low back, leg and neck pain. Her current diagnoses included chronic pain due to trauma, osteoarthritis localized primary involving lower leg, pain in joint involving shoulder region, displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, spasm of muscle and myalgia and myositis unspecified. Treatment to date has included diagnostic studies, multiple medications and spinal cord stimulator implant trial. The spinal cord implant "improved" low back coverage and provided 40% lower extremity radiculopathy relief. On August 27, 2015, the injured worker complained of persistent pain in her lower back, gluteal area, neck and left shoulder. The pain radiated to the left ankle, right ankle, left arm, left foot, right foot and left thigh. The pain was described as an ache, burning, numbness and sharp. She rated the pain as an 8 on a 0-10 pain scale without medications and as a 2 on the pain scale with medications. She recorded how much pain as interfered with daily activities using a 0-10 scale, which she rated as a 4. The treatment plan included changes to medications. On September 3, 2015, utilization review modified a request for Norco 10-325mg #180 to Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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: The patient was injured on 05/04/05 and presents with pain in her lower back, leg, and neck. The request is for NORCO 10/325MG #180. The RFA is dated 08/31/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 01/14/15 and treatment reports are provided from 02/12/15 to 08/27/15. MTUS, criteria for use of opioids Section, pages 88 and 89 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, 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, p77, 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." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 06/03/15 and 07/01/15 reports indicate that the patient rates her pain as a 9/10 without medications and a 2/10 with medications. The 07/31/15 and 08/27/15 reports state that the patient rates her pain as an 8/10 without medications and a 2/10 with medications. With medications, the patient is able to do simple chores around the house and minimal activity outside of the house two days a week. The patient had a urine drug screen conducted on 02/13/15 and 03/11/15 and was consistent with her prescribed opiates. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. Regarding the ADLs, there are no specific chores listed to demonstrated medication efficacy. There are no discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.