

Case Number:	CM15-0184941		
Date Assigned:	09/25/2015	Date of Injury:	09/06/1996
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 50 year old female, who sustained an industrial injury on 9-6-96. The injured worker is undergoing treatment for unspecified disc disorder lumbar region and chronic back pain. Medical records dated 7-16-15 indicate the injured worker complains of chronic sciatica. The treating physician indicates, "patient is having a bit more pain. Using Norco up to 6 tablets daily for her chronic sciatica." Exam dated 4-16-15 indicates "pain control is stable" and she is "using about 6 Norco a day." Her prescription has been for Norco 10-325mg one every 6 hours since at least 11-6-15. as needed Physical exam dated 7-16-15 notes she appears to be in pain, walks with an antalgic gait and "positive tension findings on the left cross leg tension." Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, water therapy and Norco 10-325mg since at least 12-17-13. The original utilization review dated 9-10-15 indicates the request for Norco 10-325mg quantity unspecified 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 (quantity unspecified): 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 1/16/15 progress report provided by the treating physician, this patient presents with back pain. The treater has asked for NORCO 10/325MG (QUANTITY UNSPECIFIED) but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 9/2/15 is disc disease lumbar. The patient is walking with antalgic gait, and appears to be in pain upon physical examination per 1/16/15 report. The patient has resistance to rotation of left hip and guarding during straight leg raise per 10/8/14 report. The patient had a change in severity of back pain, which prompted patient to return to clinic per 7/17/14 report. The patient is s/p lumbar epidural steroid injection which did not work, physical therapy which was helpful in past, but does not have a history of surgery to the back per 12/17/13 report. The patient is permanent and stationary as of 10/8/14, and the 1/16/15 report states no change in patient's work status. 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 that "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." The treater does not discuss this request in the reports provided. Patient has been taking Norco as early as 8/8/12 and in reports dated 1/2/13, 7/2/13, 7/17/14, and 1/16/15. In 7/17/14 report, the treater states the patient "has used the same dose of 10mg Hydrocodone 325mg Acetaminophen because of her old back injury since 2006 by our records." 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. There is no UDS, 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. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.