

Case Number:	CM15-0187212		
Date Assigned:	09/29/2015	Date of Injury:	05/10/2013
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina

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 50 year old male, who sustained an industrial injury on 05-10-2013. He has reported subsequent low back and left lower extremity pain and was diagnosed with left L5 radiculopathy with discogenic pain. MRI was noted to show left-sided small herniation at L4-L5. Date of the MRI was not documented. Electromyography dated 10-27-2014 showed evidence of L5 lumbar radiculopathy on the left side. Treatment to date has included pain medication and an epidural injection. Documentation shows that Norco was prescribed since at least 01-06-2015. Medication was noted to provide some pain relief. In a progress note dated 06-15-2015, the injured worker's pain was rated as 7-8 out of 10 at best and 10 out of 10 at worst. The injured worker was noted to do well with his medication regimen but there was no specific documentation as to any objective functional improvements noted and duration of pain relief was not documented. A 07-16-2015 progress note indicated that the injured worker had ongoing low back pain but there was no documentation of the severity, duration of pain relief or objective functional improvement. Objective findings were documented to show no significant changes. In a progress note dated 08-27-2015, the injured worker reported a severe increase in lower back pain. The injured worker reported that he felt sick and that back pain had been severely flared up over the last 3-4 days. The injured worker continued to do light duty work but noted that after sitting or standing for any period of time, he had weakness down the left leg, making it difficult for him to do anything. The injured worker was noted to struggle with medications but reported that medication did help with pain a bit and took the pain down from 9 out of 10 to 8 out of 10 over the past 3-4 days. Objective examination findings showed a limping

gait favoring the left leg and positive left straight leg raise in the seated position. Work status was documented as modified. A request for authorization of Norco 10-325 mg #120 1 by mouth four times a day was submitted. As per the 09-15-2015 utilization review, the request for Norco was modified to certification of Norco 10-325 mg #105 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1 by mouth four times a day: 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 for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) 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 does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000)

(VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreasing from a 9/10 to a 8/10. There are no objective measurements of improvement in function or activity specifically due to the medication. The patient continues on light duty work only. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.