

Case Number:	CM15-0188111		
Date Assigned:	09/30/2015	Date of Injury:	05/26/1997
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 62-year-old female who sustained an industrial injury on 5-26-1997. Diagnoses have included chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, pain in joint, and lumbosacral spondylosis without myelopathy. Documented treatment has included lumbar sympathetic blocks, lumbar epidural and transforaminal corticosteroid injections, medial branch nerve blocks L3-L5 with relief noted, "close to 100 percent confinement" use of wheelchair, physical therapy, pool therapy, surgeries, TENS unit, lumbar sympathetic blocks, transforaminal epidural steroid injection with 60 percent pain reduction including increase in activity, left knee brace, right ankle brace, and medication. Presently, she uses Norco and Fentanyl stated to decrease pain by 60 percent, and Hydrocodone-Acetaminophen. Length of time on these medications is not provided in the recent documents, but it has been at least six months. The physician noted that there is a narcotic agreement in place, and pill counts are done at every visit. It is also noted that urine toxicology screening and CURES reports are performed regularly and randomly, showing compliance. The injured worker continues to report bilateral knee, ankle and hip pain 8 out of 10 without medication. The treating physician's plan of care includes Norco #90 with one refill. The injured worker has been documented to be taking this medication for at least six months. Request was denied on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: 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 05/26/97 and presents with pain in the lower back, bilateral lower extremities, and left hip. The request is for NORCO 10/325MG #90 WITH 1 REFILL. The RFA is dated 09/02/15 and the patient is permanent and stationary. There is only one progress report provided from 09/02/15. There is no indication of when the patient began taking this medication. 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, p90 states, Hydrocodone has a recommended maximum dose of 60mg/24hrs. The 09/02/15 report states that her pain medications Norco helped to further decrease her pain by about 50%, she denies any ill side effects from her narcotic pain medications. She did have a period of time when she was without some of her narcotic pain medication because work comp had denied them, she reports that she considered suicide because her pain was so high and because that high level of pain confined her to her bed leaving her unable to do anything. The patient's urine was checked findings were consistent with the medications they are taking. She describes her pain as an 8/10 at its worst, 3/10 at its least, and a 3/10 at its usual level. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy. 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.