

Case Number:	CM15-0188680		
Date Assigned:	09/30/2015	Date of Injury:	11/15/2002
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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 67 year old male who sustained an industrial injury on 11/15/2002. Current diagnoses include lumbar degenerative joint disease. Report dated 08-24-2015 noted that the injured worker presented with complaints that included a flare-up of back pain that shoots into the right hip and leg with a burning sensation, ongoing right shoulder pain, and difficulty sleeping. The injured worker reports 50% reduction in pain and functional improvement with medications Pain level was 8, 4 (at best with medications), and 10 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08- 24-2015 revealed limited range in back, straight leg raises causes pain that radiates to the right buttock and posterior thigh, absent right Achilles reflex, decreased sensation in the right lateral calf and bottom of foot, weakness in the right thigh and knee, right shoulder reveals crepitus, positive impingement, and active range is limited in all planes. Previous treatments included medications. The treatment plan included refilling medications and follow up in 4 weeks. The injured worker has been prescribed Norco since at least 01-10-2013. The injured worker has been seen for monthly medical appointments since at least 01-2015. Request for authorization dated 08-27-2015, included requests for Norco, Nexium, and Mobic. The utilization review dated 09-08-2015, modified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: 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.

Decision rationale: The 67 year old patient complains of lower back pain radiating to right hip and leg along with right shoulder pain, as per progress report dated 08/24/15. The request is for 1 PRESCRIPTION OF NORCO 10/325mg #120. The RFA for this case is dated 08/27/15, and the patient's date of injury is 11/15/02. Diagnoses, as per progress report dated 08/24/15, included h/o of L1 compression fracture with ongoing back pain, degenerative joint disease, facet arthrosis, and radicular symptoms in the right leg with neuropathic pain; chronic right shoulder girdle tendinopathy; cervical sprain/strain with severe spondylosis; diabetes; hypertension; and amputation of first MP joint of the left foot due to diabetes complication. Medications included Norco, Mobic and Nexium. The patient is on Social Security disability, as per progress report dated 07/01/15. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 07/01/15. Prior reports document the use of Nucynta. It is not clear when opioid therapy was initiated. As per progress report, dated 08/24/15, medications help reduce pain from 10/10 to 4/10. The treater states that the patient reports 50% reduction in pain and functional improvement with medications I give him versus not taking them at all. The treater also states that medications keep the patient functional. The patient has signed a narcotic agreement and the UDS is appropriate. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report is available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.