

Case Number:	CM15-0190355		
Date Assigned:	10/02/2015	Date of Injury:	03/24/1992
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 03-24-1992. He has reported subsequent low back and lower extremity pain and was diagnosed with low back pain with radiculopathy and post-laminectomy syndrome of the lumbar region. Treatment to date has included pain medication, physical therapy, chiropractic therapy, epidural steroid injections and surgery. Documentation shows that Norco was prescribed since at least 01-20-2015. The last caudal epidural steroid injection on 06-17-2015 was noted to provide greater than 70% relief and medications were noted to provide significant relief of pain. In progress notes dated 07-14-2015 and 09-08-2015, the injured worker reported a slight decrease in low back pain with continued bilateral lower extremity weakness and pain, right greater than left. Pain without medications was rated as 10 out of 10 and pain with medication was rated as 2 out of 10. The injured worker reported that medications were allowing him to remain functional and allowed for increased mobility and tolerance of activities of daily living and home exercises. Objective examination findings on 07-14-2015 and 09-08-2015 revealed tenderness to palpation of L5-S1 with pain radiating down the right lower extremity, decreased range of motion of the lumbar spine, positive sitting straight leg on the right, tenderness of the sciatic notch bilaterally, an antalgic gait, decreased bilateral lower extremity strength and decreased sensation to light touch in the right lower extremity and to pinprick at right L5 and right S1. Work status was documented as permanent and stationary. A request for authorization of Norco 10-325 mg #180 (fill on 9-21-2015), Norco 10-325 mg #180 (fill on 10-20-2015) and 1 urine toxicology was submitted. As per the 09-24-2015 utilization review, the aforementioned requests were 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 #180 (fill on 9/21/15): Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 1992 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 10/10 to 2/10 and allowing the claimant to perform home exercises and with increased mobility and tolerance for activities of daily living. There had been improvement after a caudal epidural steroid injection in June 2015. Physical examination findings included a body mass index of nearly 30. There was lumbar tenderness with decreased range of motion. There was sciatic notch tenderness with positive straight leg raising. He was ambulating with a crutch and had an antalgic gait. There was decreased lower extremity strength and sensation. He was medically retired. Norco was being prescribed and was refilled at a total MED (morphine equivalent dose) of 60 mg per day. Urine drug screening was done and had last been done in December 2014 with consistent results but with findings of THC and ethanol, also detected on previous screening. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing decreased pain and improved activities of daily living and activity tolerance including being able to perform a home exercise program. Urine drug screening is being regularly performed and results are being addressed through counseling by the treating provider. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Norco 10/325mg #180 (fill on 10/20/15): Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 1992 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 10/10 to 2/10 and allowing the claimant to perform home exercises and with increased mobility and tolerance for activities of daily living. There had been improvement after a caudal epidural steroid injection in June 2015. Physical examination findings included a body mass index of nearly 30. There was lumbar tenderness with decreased range of motion. There was sciatic notch tenderness with positive straight leg raising. He was ambulating with a crutch and had an antalgic gait. There was decreased lower extremity strength and sensation. He was medically retired. Norco was being prescribed and was refilled at a total MED (morphine equivalent dose) of 60 mg per day. Urine drug screening was done and had last been done in December 2014 with consistent results but with findings of THC and ethanol, also detected on previous screening. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing decreased pain and improved activities of daily living and activity tolerance including being able to perform a home exercise program. Urine drug screening is being regularly performed and results are being addressed through counseling by the treating provider. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

1 urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury in March 1992 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 10/10 to 2/10 and allowing the claimant to perform home exercises and with increased mobility and tolerance for activities of daily living. There had been improvement after a caudal epidural steroid injection in June 2015. Physical examination findings included a body mass index of nearly 30. There was lumbar tenderness with decreased range of motion. There was sciatic notch tenderness with positive straight leg raising. He was ambulating with a crutch and had an antalgic gait. There was decreased lower extremity strength and sensation. He was medically retired. Norco was being prescribed and was refilled at a total MED (morphine equivalent dose) of 60 mg per day. Urine drug screening was done and had last been done in December 2014 with consistent results but with findings of THC and ethanol, also detected on previous screening. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the testing performed was within guideline recommendations and was medically necessary.