

Case Number:	CM15-0190795		
Date Assigned:	10/02/2015	Date of Injury:	09/11/2012
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
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: California, Hawaii

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 52 year old female, who sustained an industrial injury on 9-11-2012. The injured worker was diagnosed as having chronic pain, other, lumbar radiculitis, lumbar sprain-strain, right knee pain, and status post right knee arthroscopy with residuals. Treatment to date has included diagnostics, right knee surgery, physical therapy, home exercise program, and medications. Currently (9-02-2015), the injured worker complains of low back pain with radiation down the right lower extremity, accompanied by occasional tingling in the level of the foot. Pain was rated 5 out of 10 with and without medications and "worsened" since last visit. Limitation in activities of daily living due to pain was rated 2 out of 10. Use of medications and pool therapy were "helpful". Time until pain relief was 30 minutes and relief from each medication dose was documented as 30 minutes. It was documented that she missed her last visit and was out of Norco for several weeks. She was currently retired and not working. Exam of the lumbar spine noted tenderness, spasm, "moderately limited" range of motion, and positive straight leg raise on the right. Current medications for pain included Norco 10-325mg twice daily as needed), Gabapentin, and Norco 5-325mg (noted from other MD). The treatment plan included Norco 10-325mg #60, non-certified by Utilization Review on 9-23-2015. The use of Norco has been consistent since at least 12-2014, at which time pain was rated 1 out of 10 with medications and 2 out of 10 without. Urine toxicology reports (2-14-2015 and 7-08-2015) were inconsistent with expected results. Follow-up progress reports (3-04-2015 and 9-02-2015) documented that she denied drinking alcohol prior to urine drug testing and her diabetes with frequent elevated blood sugars was the cause of false positive ETOH in screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 60.00: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient presents with low back pain radiating down the right lower extremity. The current request is for Norco 10/325mg quantity 60. The treating physician's report dated 09/02/2015 (135B) states, "Pain is rated 5/10 in intensity on average with medication since last visit. Pain is rated as 5/10 in intensity on average without medications since last visit. The patient's pain is reported as worsened since her last visit." It was further noted that pain relief from each medication dose lasts for 30 minutes. The least reported pain since last assessment was 3 on a scale of 1 to 10. The urine drug screen from 09/02/2015 (164B) show inconsistent results. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six- month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. While the physician has noted before and after pain scales, there was no change in pain intensity with medication use. No side effects were reported. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. In addition, the patient's current urine drug screen shows inconsistent results. In this case, the patient does not meet the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.