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| Case Number: | CM15-0195340 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 09/17/2004 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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 37 year old male, who sustained an industrial injury on 09-17-2004. He has reported injury to the low back. The diagnoses have included L4-L5 disc protrusion with chronic left S1 radicular pain. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and home exercise program. Medications have included Norco. A progress report from the treating provider, dated 05-11-2015, documented the injured worker's pain level as 10 out of 10 in intensity without opiates, and 6 out of 10 in intensity with opiates that allows him to continue working. A progress report from the treating provider, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported that he continues to experience lower back pain and left leg numbness, tingling, and weakness; it is worsened by prolonged strenuous activity or prolonged sitting; he is currently taking Norco 10-325 mg one to two every four to six hours as needed, not to exceed nine per day; and he continues to work full time. The injured worker has previously undergone acupuncture therapy several years ago, which was effective in helping him control his pain, and reduce his spasm and radicular symptoms. Objective findings included lumbar flexion to 30 degrees, extension to 10 degrees recreates classic lower back pain; heel-toe walk was performed with difficulty due to left-sided weakness; and squat was performed without difficulty. Urine drug screening, collected on 09-03-2015, was resulted as being consistent with prescribed medication. The treatment plan has included the request for Norco 10-325 mg #270. The original utilization review, dated 09-18-2015, modified the request for Norco 10-325 mg #270, to wean the medication to 120, over the period of 2-3 months with the intent to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #270: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 37 year old patient complains of lower back pain and left leg numbness, weakness and tingling, as per progress report dated 07/30/15. The request is for Norco 10-325 MG #270. The RFA for this case is dated 09/08/15, and the patient's date of injury is 09/17/04. The patient is taking Norco for pain relief, as per progress report dated 07/30/15. Diagnoses, as per progress report dated 06/22/15, included L4-5 disc protrusion with left S1 radicular pain. The pain is rated at 7/10, as per this report. The patient is working full time, as per progress report dated 07/30/15. 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, Norco is first noted in progress report dated 04/13/15. It is not clear when the opioid was initiated. In progress report dated 05/11/15, the treater states that opiates help reduce pain from 10/10 to 6/10, and "allow him to continue working." In report, dated 04/13/15, the treater states the patient needs this medication "to reduce pain to tolerable level to allow continuance of work-related activities and activities of daily living." The report indicates that with Norco, the patient continues to work full time and be active in home and with his family. Denial of this medication may force the patient to "reduce his full time work or be assigned modified duties. This increased pain would also affect his daily life and independent functional ability." Although the treater does not provide a CURES report to address aberrant behavior or discuss the side effects of Norco in this patient, it appears that the opioid is having a significant impact on the patient pain and his ability to work full time. Hence, the request is medically necessary.