

Case Number:	CM15-0195423		
Date Assigned:	10/09/2015	Date of Injury:	08/21/2014
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
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 55 year old male who sustained an industrial injury on 08-21-2014. According to a progress report dated 07-21-2015, the injured worker reported constant low back pain that was rated 5 on a scale of 1-10. Lumbar range of motion was 45 degrees with flexion, 10 degrees with extension, right lateral flexion and left lateral flexion. Diagnoses included lumbar spine radiculopathy. The treatment plan included Norco 10-325 mg #60 and Xanax 1.0 mg #60. Orthopedic consultation was pending. Work status was noted as "per the primary treating physician". Follow up was indicated in 4-6 weeks. A urine toxicology test was performed on 07-21-2015. The metabolite of Alprazolam and Hydrocodone was not detected. A urine toxicology report dated 08-21-2015 showed that Hydrocodone was not detected. On 09-25-2015, Utilization Review non-certified the request for Norco 10-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 presents on 09/02/15 with unrated lower back pain. The patient's date of injury is 08/21/14. The request is for Norco 10/325MG, #60. The RFA is undated. Physical examination dated 09/02/15 reveals tenderness to palpation of the lumbar paraspinal musculature, decreased range of motion secondary to pain, and negative straight leg raise testing. The patient is currently prescribed Alprazolam. Patient's current work status is not provided. 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, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy" and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. The most recent progress note, dated 09/11/15, does not provide documentation of medication efficacy whatsoever. Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is included. Additionally, a urine drug screen dated 07/21/15 has several inconsistent findings; lacking metabolites for this patient's prescribed Hydrocodone and Alprazolam, and indicating the presence of Tramadol metabolites, which is not among this patient's prescribed medications. A urine drug screen dated 06/23/15 also includes inconsistent findings; indicating the presence of Tramadol, which is not among this patient's prescribed medications. Urine drug screen dated 08/18/15 has several inconsistent findings; lacking metabolites for this patient's prescribed Hydrocodone, and indicating the presence of Tramadol metabolites, which is not among this patient's prescribed medications. More importantly, MTUS pg 80,81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic pain complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), as well as appropriate 4A's documentation as required by MTUS, continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.

