

Case Number:	CM15-0195438		
Date Assigned:	10/09/2015	Date of Injury:	09/30/2004
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
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 67 year old male, who sustained an industrial injury on September 30, 2004. He reported a pull in his lower back, later reporting low back and left lower extremity complaints. The injured worker was currently diagnosed as having chronic low back pain status post lumbar surgery in 2008, lumbar facet arthropathy, lumbar myofascial strain, left lumbar radiculopathy and lumbago. Treatment to date has included rhizotomy, branch blocks, physical therapy, acupuncture, heat, medications and physical therapy. On September 8, 2015, the injured worker complained of aching low back pain with radiating numbness down the lateral aspect of his left leg from his knee to his foot. He rated his low back pain as a 3-4 on a 1-10 pain scale. He stated that since his previous appointment, his symptoms were relatively unchanged and he continues to have relief from a rhizotomy bilateral L4-L5 and L5-S1 on 07-09-2015. Norco medication was noted to allow him to walk with less pain and sometimes no pain, providing him "good relief." The treatment plan included discontinuing APAP with codeine, discontinuing Gabapentin, Norco, follow up with neurologist, follow up exam visit, Nortriptyline, home exercises and a urine drug screen. On September 23, 2015, utilization review denied a request for Norco 7.5-325mg #30 and Nortriptyline HCL 25mg #30. A request for one follow up in four weeks, APAP with Codeine 300-30mg (Tylenol No. 3) #30 and Gabapentin 600mg #90 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The current request is for Norco 7.5/325mg #30. Treatment to date has included lumbar surgery in 2008, rhizotomy, branch blocks, physical therapy, massage therapy, acupuncture, heat, medications and physical therapy. 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." The patient has been utilizing Norco since 2012. Per report 07/21/15, the patient reports that Norco provides "good relief, allows him to walk with less pain, and sometimes with no pain." Labs and CURES report from 05/26/15 showed consistent results. The treater states that the patient presents with no aberrant behaviors. On 08/12/15, the patient reported current low back pain as 3-4/10. The patient continues with Norco which "help him relax at the end of the day." Such vague statement of medication efficacy does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), and activity-specific functional improvements. In this case, the provider fails to provide before and after pain scales to denote a decrease in pain, activity-specific improvements, and there is no discussion regarding adverse side effects. Due to lack documentation addressing all the 4A's , the request is not medically necessary.

Nortriptyline HCL 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Insomnia Treatment (2015).

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

Decision rationale: The current request is for Norco 7.5/325mg #30. Treatment to date has included lumbar surgery in 2008, rhizotomy, branch blocks, physical therapy, massage therapy, acupuncture, heat, medications and physical therapy. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient has been prescribed this medication since at least 07/21/15. On 09/08/15, the patient reported that Nortriptyline "allows him to sleep better." There is no other discussion regarding this medication. MTUS, pg. 60 states, "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." The treater has not provided any discussion regarding analgesia, or functional improvement, as denied by MTUS. Therefore, the request is not medically necessary.