

Case Number:	CM15-0196380		
Date Assigned:	10/12/2015	Date of Injury:	07/05/2004
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This 60-year-old female sustained an industrial injury on 7-5-04. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with sciatica and lumbar facet arthropathy. Previous treatment included physical therapy and medications. In a PR-2 dated 4-13-15, the injured worker complained of ongoing low back and leg pain. The injured worker reported that she tried to maintain her daily activity and did some minor house chores. A neurologist who found her heart rate low had seen the injured worker. The physician stated that the Norco might exacerbate low heart rate. The physician was recommending a Norco wean and topical compound creams to minimize oral opioid analgesics. The injured worker was discharged from care. In an initial evaluation dated 5-20-15, the injured worker complained of low back pain rated 7 out of 10 on the visual analog scale. Current medications included "a moderate amount" of Norco as well as Lyrica, Flexeril and compound cream. Physical exam was remarkable for lumbar spine with range of motion: flexion 30 degrees, extension 0, positive bilateral facet loading test and positive left straight leg raise. The injured worker walked with a slow and left antalgic gait and could not do heel and toe walking. The treatment plan included prescriptions for Lyrica and Norco. In a PR-2 dated 8-31-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities associated with numbness. The injured worker rated her pain 7 out of 10 on the visual analog scale without medications that improved to 4 out of 10 after taking Norco that lasted for approximately one hour. The injured worker reported that she continued to stay active and functional with gardening and walking for approximately six hours per day. The physician noted

that urine drug screen on 5-20-15 was positive for Morphine. The injured worker denied the use of Morphine but stated that she took some Oxycontin from an old prescription. The physician stated that a couple of months ago the injured worker had a random urine drug screen that was positive for cocaine. At the time, her physician discharged the injured worker. The injured worker "adamantly denied" any drug taking history. The injured worker had previously tried and failed Gabapentin. Physical exam was remarkable for was unchanged. The treatment plan included refill medications (Norco and Lyrica). On 10-5-15, Utilization Review noncertified a request for Norco 7.5-325mg #180 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 180 with 1 refill: Upheld

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

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 patient presents on 08/03/15 with lower back pain, which radiates into the bilateral lower extremities and associated numbness in the affected extremities. The patient's date of injury is 07/05/04. Patient has no documented surgical history directed at this complaint. The request is for Norco 7.5/325 Mg Qty 180 with 1 refill. The RFA is dated 08/04/15, though an i. Physical examination dated 08/03/15 reveals decreased lumbar range of motion, positive facet loading test bilaterally, and positive straight leg raise test on the left. The patient is currently prescribed Norco, Lyrica, Flexeril, and an unspecified topical compounded cream. Patient is currently working part-time. 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." About 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 08/03/15 indicates that this patient's pain is reduced from 7/10 to 4/10 with Norco, and states that Norco allows the patient to garden and walk approximately 6 hours per day. Per progress note 08/03/15, there is some indication that this patient's prior urine drug screenings revealed several inconsistencies. It is stated that this patient's most recent urine drug screen was positive for Cocaine, which the patient denies taking. Additionally, it is indicated that a separate urine drug screen dated 05/20/15 revealed the presence of Morphine metabolites. Addressing this result, the provider states: "She denies use of Morphine, however does states having use old Rx of Oxy 5mg at this time." [sic] MTUS guidelines 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, the documentation of efficacy is adequate, though the urine drug screening positives for Morphine and Cocaine are cause for concern. 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 significant surgical intervention or a condition, which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request IS NOT medically necessary.