

Case Number:	CM15-0198307		
Date Assigned:	10/13/2015	Date of Injury:	08/04/2014
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 39-year-old male who sustained an industrial injury on 8-4-2014. Diagnoses have included Lumbar and cervical disc degeneration and acute strain; lumbar facet arthropathy; and, left shoulder impingement syndrome. Documented treatment includes medication including Norco stated "with good benefit for ongoing pain," bringing pain levels as low as 1-3 out of 10 VAS pain rating scale. The physician states that the injured worker has a pain contract on file, and shows no aberrant behaviors, and is subject to random urine toxicology screening to verify medication. Medical records reveal that the injured worker has been using Norco for at least 6 months. Other treatments noted in the provided records include notation 6-11-2015 that he was approved for radio frequency ablation L4-S1 bilaterally, and psychological evaluation. On 8-25-2015 the injured worker complaining of neck pain with headaches and radiation to both shoulders and low back pain with radiation to buttock at 1-3/10 with medication and 5-7/10 without medication. The examination showed some tenderness with palpation of the lower lumbar spine and facets L4-S1, and positive straight leg raise for back pain at 80 degrees bilaterally. The patient had good analgesia effect, increased ADL, no significant adverse effect and no aberrant drug behavior with current medication. The patient sustained the injury due to a MVA. The patient had received an unspecified number of chiropractic, aquatic and PT visits for this injury. The medication list include Norco, Valium, Flexeril, Mobic, Morphine and Pamela. The patient's surgical history include right knee surgery in 2007, bariatric surgery on 5/16/12, and right ankle surgery in 2013. The patient had X-ray of cervical and lumbar spine on 1/6/15 that revealed mild loss of disc height; MRI of the cervical spine on 9/8/14 that revealed disc protrusions, and cervical spondylosis; MRI of the lumbar spine on 9/18/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (Postdated Rx) QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation DEA Subchapter I - Control and Enforcement, Part C, Prescriptions, Schedule II Substances.

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

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like Tramadol) and other non-opioid medications, without the use of opioids, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg (Postdated Rx) QTY: 90 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.