

Case Number:	CM15-0204406		
Date Assigned:	10/21/2015	Date of Injury:	06/23/2007
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female who sustained an industrial injury on 06-23-2007. Treatment to date has included acupuncture, medications and epidural steroid injection. According to the most recent progress report submitted for review and dated 09-28-2015, the injured worker reported low back pain that radiated down to the bilateral leg, mainly the right. Pain was the "same" as the last visit. Without medications, pain level was rated 10 on a scale of 1-10. Pain level went down to 5 with medications. Current pain level was rated 5. She was currently taking Naproxen, Norco 5-325 mg twice a day and Omeprazole with 50% pain relief. She denied any side effects. She was able to work full-time standing. She denied any changes since the last visit. A urine drug screen was collected. Objective findings included 5 out of 5 strength in the bilateral lower extremities, negative straight leg raise bilaterally, mild pain with lumbar extension, palpable spasms over the bilateral lumbar paraspinal musculature with positive twitch response right greater than left and slowed ambulation. Diagnoses included lumbago, lumbar radiculopathy, lumbosacral spondylosis and sacroiliitis. The treatment plan included Naproxen 500 mg three times a day #90, Omeprazole 20 mg every day, Norco 5-325 mg twice a day as needed for breakthrough pain #45. The provider noted that the injured worker had functional improvement and had returned to work. A signed narcotic agreement was on file according to the provider. The injured worker did not exhibit any aberrant drug seeking behaviors. She had increased physical activity over the past month and was now able to ride a stationary bike on a regular basis. Follow up was indicated in 1 month. Work status included full duty with no limitation or restrictions. Documentation submitted for review dated back to 03-09-

2015 and showed use of Norco since that time. A urine drug screen collected on 06-29-2015 was negative for opiates. The provider noted during a follow up on 07-27-2015, that the urine drug screen was consistent with prescribed medications. An authorization request dated 10-01-2015 was submitted for review. The requested services included Naproxen 500 mg #90, Omeprazole 20 mg #30 and Norco 5-325 mg #45 and a follow up visit. On 10-07-2015, Utilization Review modified the request for Norco 5-325 mg #45 by mouth every day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #45 PO qd prn for pain: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/28/15, the injured worker rated pain without medication 10/10, which was reduced to 5/10 with medication. She denied side effects. She stated that she was able to work full-time standing with the use of medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted per progress report dated 7/27/15 that UDS was consistent with prescribed medications and that the injured worker had a signed narcotic agreement on file. I disagree with the UR physician's assertion that "Her current improvement inactivity has continued after her narcotics were reduced from #90 to #45 earlier this year, so it can be anticipated that current function can be maintained as she is weaned off Norco". This is speculation on the part of the UR physician and is not supported by guideline evidence. As opioid therapy allows the injured worker to continue working full-time, the request is medically necessary.