

Case Number:	CM15-0204454		
Date Assigned:	10/21/2015	Date of Injury:	10/17/2004
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
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

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 is a 50 year old male who sustained an industrial injury on 10-17-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusion, left below knee amputation and phantom limb pain. Per the progress report dated 7-23-2015, the injured worker complained of frequent, mild achy low back pain rated 3 out of 10. According to the progress report dated 9-1-2015, the injured worker had no lumbar spine complaints. It was noted that his left leg was amputated. The physician noted that the injured worker had been suffering for several years with chronic pain of the left leg and was dependent on taking Norco. Objective findings (9-1-2015) revealed grip strength testing caused pain at the right wrist. Range of motion of the lumbar spine was painful. Left sitting straight leg raise caused pain on the left. Treatment has included medications. Medications listed on 7-23-2015 included Naproxen, Pantoprazole, Cyclobenzaprine, Norco (since at least 4-2015) and Tramadol. The request for authorization was dated 9-1-2015. The original Utilization Review (UR) (9-24-2015) modified a request for Norco from #90 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 50 year old patient presents with painful range of motion in the lumbar spine and amputated left leg, as per progress report dated 09/01/15. The request is for Norco 10/325 mg #90. The RFA for this case is dated 09/01/15, and the patient's date of injury is 10/17/15. Diagnoses, as per progress report dated 09/01/15, included lumbar disc protrusion, left leg knee amputation under knee with complications, and phantom limb. As per progress report dated 07/23/15, the patient's low back pain is rated at 3/10. Medications, as per this report, included Naproxen, Cyclobenzaprine, Pantoprazole, Norco and Tramadol. The patient is off work until 07/17/15, as per progress report dated 06/02/15. Subsequent reports do not document the patient's work status. 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." In this case, Norco is first noted in progress report dated 04/21/15. It is not clear when the opioid was initiated. In progress report dated 09/01/15, the treater states the patient "has been suffering for several years with chronic pain of left leg and is dependent on taking Norco's." A urine toxicology screen was performed on 09/01/15. The patient also underwent a urine drug screen on 07/23/15, and this was consistent. As per the 07/23/15 report, the patient gets "relief from medications and rest." The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.