

Case Number:	CM15-0204461		
Date Assigned:	10/21/2015	Date of Injury:	03/23/2013
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
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:

The injured worker is a 27 year old female who sustained an industrial injury on 03-23-2013. According to a progress report dated 09-10-2015, the injured worker reported lumbosacral discomfort that was described as aching, throbbing, tightness, continuous and increasing with movement. Pain level was rated 4 on a scale of 0-10 without medications and 2 with medications. Symptoms were reduced by medications, light workouts at the gym, massages and warm baths. Objective findings included pain and tenderness over the lower lumbar. Moderate muscle spasms were noted in the lumbar, left lumbar, left sacroiliac, sacral, left posterior pelvis and hip, left buttock, left posterior thigh, left posterior knee, right buttock, right sacroiliac, right posterior pelvis and hip and right lumbar. Diagnoses included sub-acute unimproved lumbosacral sprain strain and sub-acute unimproved lumbar spine degenerative disc disease. That treatment plan included Norco 10-325 mg #60 and Omeprazole 20 mg #30. Work status was deferred to the primary care treating physician. According to a progress report dated 09-15-2015, work status included modified duty with restrictions. These restrictions had remained the same since 07-22-2015. Documentation shows use of Norco dating back to 2014. The most recent urine toxicology report submitted for review was dated 07-14-2014 and was noted as inconsistent. Hydrocodone was not detected. On 09-28-2015, Utilization Review modified the request for Norco 10-325 mg #60 and authorized the request for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/10/15 with lower back pain rated 2/10 with medications, 4/10 without medications. The patient's date of injury is 03/23/13. The request is for NORCO 10/325MG #60. The RFA was not provided. Physical examination dated 09/10/15 reveals tenderness to palpation of the lower lumbar region, with moderate muscle spasms noted throughout the lumbosacral region and bilateral hips/buttocks. The patient is currently prescribed Norco and Omeprazole. Patient is currently advised to return to modified work ASAP. 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." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Progress note dated 09/10/15 indicates that this patient's pain is reduced from 4/10 to 2/10 through the use of Norco, though does not provide any activity-specific functional improvements. Per the documentation provided, there is some indication that this patient's prior urine drug screenings revealed inconsistencies, namely the lack of Hydrocodone metabolites in urine drug screening dated 07/14/14, which is not addressed in the most recent reports. 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, there is documentation of analgesia, though no activity-specific functional improvements or statement regarding a lack of aberrant behaviors. The inconsistent urine drug screening from 07/14/14 is also 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 complete documentation of the 4A's as required by MTUS or evidence of an ongoing nociceptive condition, narcotic medications cannot be substantiated and the patient should be weaned. Therefore, this request IS NOT medically necessary.