

Case Number:	CM15-0209956		
Date Assigned:	10/28/2015	Date of Injury:	05/22/2002
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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 73 year old male, who sustained an industrial injury on 05-22-2002. A review of the medical records indicates that the worker is undergoing treatment for low back pain and lumbar spinal stenosis. Treatment included Norco and Percocet. The documentation submitted is minimal and consists only of a neurosurgery progress note dated 09-22-2015 that was difficult to decipher and progress notes from 04-13-2015 and 04-30-2015. During the 04-13-2015 office visit the worker was noted to report chronic low back and left thigh pain that was managed with stable doses of Norco. Objective findings showed an antalgic gait. On 04-30-2015 the worker was seen on an urgent basis due to markedly increased pain. Objective findings showed severe limitation of left thigh flexion. An MRI of the lumbar spine was recommended and a prescription for Percocet was noted to be provided to substitute for the Norco. In the 09-22-2015 progress note, it was noted that the prior nerve pain was gone, some thigh soreness was present, incision was well healed and that the worker was ordered to wean down on Norco. The documentation submitted did not note the severity of pain before and after the use of Norco, duration of pain relief, average pain score or evidence of any objective functional improvement with use of Norco. The documentation did not indicate the amount of Norco the worker was taking each day for pain or the specific plan for weaning. Physical examination of the lumbar spine on 4/13/15 revealed antalgic gait, normal strength, sensation and negative SLR and no tenderness on palpation. 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 10/325 MG #120: 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): Opioids, criteria for use.

Decision rationale: Norco 10/325 MG #120 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 nonopioid 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 nonopioid 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 and other non opioid medications (antidepressants/ anticonvulsants), without the use of opioid, 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 10/325 MG #120 is not established for this patient, given the records submitted and the guidelines referenced. The request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.