

Case Number:	CM15-0020865		
Date Assigned:	02/10/2015	Date of Injury:	10/18/2009
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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 45 year old female, who sustained a work/ industrial injury on 10/18/09 when she slipped and fell. She has reported symptoms of increased pain in the lower back. Prior medical history was not included in the documentation. The diagnoses have included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome, and medication induced gastritis. Treatments to date included stretching exercises, physical therapy, chiropractic care, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants, epidural steroid injection, median branch nerve blocks, and lumbar facet rhizotomy, trigger point injections. Current medications included Norco, Ultram, Anaprox, Prilosec, and FexMid. Diagnostics included a Magnetic Resonance Imaging (MRI) that reported a disc bulge at L4-5 with facet arthropathy and minimal bilateral foraminal stenosis. Electromyogram (EMG/NCV) on 12/18/13 reported minimal bilateral L5 myotomal irritation. Exam noted numerous trigger points throughout the paraspinal muscles. Muscle guarding was noted with range of motion. Achilles tendon reflexes were 2/4 bilaterally. Straight leg raise was positive. Request was made for medication refill for pain management. On 1/26/15, Utilization Review non-certified Norco 10/325mg #60 QTY: 60.00, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 45 year old patient presents with increasing low back pain, as per progress report dated 01/08/15. The request is for NORCO 10/325 mg # 60 QTY: 60.00. There is no RFA for this case, and the patient's date of injury is 10/18/09. Medications included Norco, Anaprox and Prilosec, as per progress report dated 01/08/15. Diagnoses included lumbar mylologamentous injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome, and medication-induced gastritis. The progress reports do not document the patient's work status. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco was first noted in progress report dated 06/04/14, and the patient has been taking the medication consistently at least since then. The patient has also been taking Ultram for several months. In progress report dated 01/08/15, the treater states that we routinely review, and the patient must demonstrate improved functional restoration, ADLs, sleep pattern, elevated mood, quality of life and ability to RTW. The treater also states that they routinely perform urine drug screens (UDT), and CURES review, and the patient has signed the opioid treatment contract as well. However, the reports do not document a change in pain scale due to opioid use or specific improvements in ADLs related to opioid usage. The treater does not use a validated scale to demonstrate a measurable increase in function. The UDS and CURES reports were not available for review. There is no discussion about the side effects due to opioid use. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary. The 45 year old patient presents with increasing low back pain, as per progress report dated 01/08/15. The request is for NORCO 10/325 mg # 60 QTY: 60.00. There is no RFA for this case, and the patient's date of injury is 10/18/09. Medications included Norco, Anaprox and Prilosec, as per progress report dated 01/08/15. Diagnoses included lumbar mylologamentous injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome, and medication-induced gastritis. The progress reports do not document the patient's work status. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco was first noted in progress report dated

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