

Case Number:	CM15-0027192		
Date Assigned:	02/19/2015	Date of Injury:	08/16/2006
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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 30 year old male, who sustained an industrial injury on 8/16/2006. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, postlaminectomy syndrome, unspecified region, spinal stenosis, lumbar region, without neurogenic claudication, and other orthopedic aftercare. Treatment to date has included surgical (lumbar spinal surgery 2007) and conservative interventions. Currently, the injured worker complains of low back pain that radiated to his lower extremities. He reported numbness, tingling, and occasional weakness in the legs. He also reported more frequent spasms. Pain was rated 7-9/10, reduced to 5-7/10 with medication use. Current medications included Norco 10/325mg every 6 hours as needed. A physical examination was not noted. No aberrant drug behaviors were noted and urine drug testing was not submitted. Recent radiographic findings, if any, were not submitted. Medication listing for PR2 report, 6/10/2014, included Flexaril, Mobic, Zanaflex, Nucynta, Topamax, Ultram, MS Contin, and Norco. On 2/11/2015, Utilization Review modified a request for Norco 10/325mg #120, to Norco 10/325mg #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 88-99.

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

Decision rationale: The patient was injured on 08/16/2006 and presents with persistent low back and bilateral lower extremity pain with numbness, tingling, and occasional weakness in the legs. The request is for NORCO 10/325 mg #120. The RFA is dated 01/14/2015 and the patient is temporarily totally disabled. The patient has been taking Norco as early as 06/10/2014. MTUS Guidelines pages 88 and 89 state, 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 page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. The 07/09/2014 report states that "Norco continues to work well for him, reducing his pain from a 7-9/10 to a 3-5/10 in intensity. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed. Our patients sign and agree to a treatment contract which documents the understanding and willingness to abide by the expectations of opiate use." The 08/19/2014 report states that the patient rates his pain as a 6-10/10 and it is reduced to a 3-5/10 with the use of current medications which includes Norco. "The patient shares the medications reduce his pain significantly, allowing him to remain active in caring for his family and home. They improve his functional independence for activities of daily living and his ability to access the local community. Without the medications, the patient would experience a significant escalation in pain and would prevent him from maintaining his current level of activity. He denies negative side effects with the medication." The 10/22/2014 report states that the patient rates his pain as a 7-10/10 without medications and a 5/10 with medications. The 12/17/2014 report states that the patient rates his pain as a 5-10/10 in intensity and his pain is reduced to a 5/10 with use of current medications. Although the treater provides a discussion regarding all 4 A's, it is difficult to ascertain why this young individual continues to be temporarily totally disabled despite use of medication. Functional improvements are discussed but does not appear to reach a significant level as the patient is still totally disabled per treater. Furthermore, no urine drug screens provided to indicate if the patient is compliant with his prescribed medications. Therefore, the requested Norco IS NOT medically necessary.