

Case Number:	CM15-0211749		
Date Assigned:	10/30/2015	Date of Injury:	07/09/2015
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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 23 year old male, who sustained an industrial-work injury on 7-9-15. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar strain, lumbar disc degeneration, and facet hypertrophy. Treatment to date has included medication, physical therapy, and diagnostics. MRI results were reported on 9-3-15 revealing multilevel small Schmorl's nodes compatible Scheuermann's disease, congenitally narrow canal due to short pedicles, mild multilevel spinal canal stenosis, lower lumbar epidural lipomatosis, and no evidence of disc herniation or nerve root compression or instability. X-rays were reported to demonstrate loss of disc height at L5-S1. Currently, the injured worker complains of worsening low back pain since the last visit rated 8 out of 10 and denies radicular pain. There is sleep disruption. Modified duty was not available so he has not been back to work. On 7-30-15, there was report of not having much relief with Norco or Tramadol with some help with Robaxin. Per the primary physician's progress report (PR-2) on 9-2-15, exam noted forward flexion at 35 degrees, extension is 5 degrees, lateral flexion at 5 degrees. The injured worker is reporting the spine is feeling worse. Current plan of care includes medication Norco 5-325mg #60, Nalfon 400mg #60, and Terocin cream 120 ml topically. The Request for Authorization requested service to include Retro Norco 5/325mg #60 (DOS 09/24/2015). The Utilization Review on 10-5-15 denied the request for Retro Norco 5/325mg #60 (DOS 09/24/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 5/325mg #60 DOS 09/24/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 current request is for Retro Norco 5/325mg #60 (DOS 09/24/2015). The RFA is dated 09/28/15. Treatment to date has included medication, physical therapy, and diagnostics. The patient may return to modified duty. The patient is not working. 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." The patient has listed diagnoses of lumbar strain, lumbar disc degeneration, and facet hypertrophy. Per 07/30/15 report, the patient reported "getting worse-not much relief from Norco or Tramadol." The patient states he has low back pain and "no help w/ pain meds." On 08/05/15, the patient reported continued neck and back pain and a refill of Norco was prescribed. In the 09/02/15 report, the patient reported "low back is feeling worse, increase in intensity rated 8 out of 10". The patient was given a refill of Norco. The 168 page medical file does not include a progress report for the DOS 09/24/15. In any case, it does not appear that Norco has been effective for this patient. MTUS requires appropriate discussion of all the 4A's, and the treater does not discuss how this medication significantly improves the patient's ADL's, no validated instrument is used to show a decrease in pain and there are no documentation regarding adverse effects and aberrant drug behavior. 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 continued pain, he does not appear to have undergone any surgical intervention for her lumbar spine and is not presumed to be suffering from nociceptive pain. Therefore, the request is not medically necessary and the patient should be weaned per MTUS.