

Case Number:	CM15-0212641		
Date Assigned:	11/02/2015	Date of Injury:	05/17/1999
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
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: 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:

This is a 58 year old male patient who sustained an industrial injury on May 17, 1999. The diagnoses include low back pain with failed back syndrome; lumbago, lumbar myofascial pain, Opioid dependence, anxiety, depression, insomnia. Per the doctor's note dated 9/30/15, he has complaints of chronic back pain. He was prescribed Norco #210 tablets for the purpose of slowly weaning it. Per the doctor's note dated 8/26/15, he has complaints of chronic back pain. He was prescribed Norco #220 tablets. Per the doctor's notes dated April 14, 2015; May 12, 2015; June 09, 2015 and July 29, 2015 he reported "unchanged pain since visit of March 17, 2015." The pain is rated a "4" intensity level out of 10. He gets four to six hours of uninterrupted sleep, but states "trouble staying asleep." He states "that the medications do not affect his driving skills and his friends agree." His medication issues consist of constipation, diarrhea, and sexual problems. He would like to remain on the current medication regimen of Norco 10mg 325mg one to two tables four times daily for chronic intractable pain, and is "not really using any other medicines at this time." He reported moderate anxiety, depression and noted no involvement with law enforcement since the last visit. His pain remains in the low back and left foot. Objective findings on April 14, 2015, May 12, 2015, June 09, 2015, July 29, 2015 include independent with personal care, home making, exercising, etc.; musculoskeletal system-positive for axial back pains, buttocks pain, posterior thigh pain, interscapular pain; along with numbness, tingling, and weakness in the lower extremities. The medications list includes Norco, Tizanidine, and Meloxicam. He had a UDS on April 14, 2015 which was inconsistent for opiates and cannabinoid (not prescribed but detected). Treatment: pain management, core strengthening

exercises. On October 01, 2015 a request was made for Norco 10mg 325mg #210 that was modified by Utilization Review on October 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Norco 10/325mg #210. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "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 that patient has set goals regarding the use of opioid analgesic. The 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 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 significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. Response to an anticonvulsant, antidepressant or lower potency opioid for chronic pain is not specified in the records provided. He had a UDS on April 14, 2015 which was inconsistent for opiates and cannabinoid (not prescribed but detected). This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of the request for Norco 10/325mg #210 is not fully established in this patient at this time.