

Case Number:	CM15-0213281		
Date Assigned:	11/03/2015	Date of Injury:	08/06/2004
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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 62 year old male, who sustained an industrial injury on 8-6-2004. The medical records indicate that the injured worker is undergoing treatment for cervical disc disorder, degeneration of lumbar intervertebral disc, and status post lumbar fusion. According to the progress report dated 10-14-2015, the injured worker presented with complaints of chronic neck and low back pain. The level of pain is not rated. He notes radiculopathy into his right arm and leg with occasional numbness in the bottom of his feet. His activity level is limited, noting if he goes out and mows the lawn he can "hardly move the next day." A physical examination of the cervical and lumbar spine is not indicated. The current medications are Norco (since at least 2014), Tizanidine, Gabapentin, and Advil. Previous diagnostic studies include MRI of the cervical and lumbar spine. Treatments to date include medication management, home exercise program, cervical medial branch block, radiofrequency ablations, and surgical intervention. Work status is described as off work. The original utilization review (10-22-2015) partially approved a request for Norco 10-325mg #84 (original request was for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120 with 1 refill (DND until 11/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 patient was injured on 08/06/04 and presents with neck pain and low back pain. The request is for 1 prescription of Norco 10/325mg #120 with 1 refill (DND until 11/13/15). The RFA is dated 10/14/15 and the patient is not currently working. The patient has been taking this medication as early as 05/06/15 and treatment reports are provided at least from 05/06/15 to 08/31/15. 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." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." On 05/06/15, the patient rated his pain as a 6/10 with medications and a 9/10 without medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.