

Case Number:	CM15-0215962		
Date Assigned:	11/05/2015	Date of Injury:	09/11/2008
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 59 [REDACTED] year old male, who sustained an industrial injury on 9-11-2008. The injured worker is being treated for lumbar radiculopathy. Treatment to date has included medications, functional restoration program (2010), physical therapy, and diagnostics. Per the Primary Treating Physician's Progress Report dated 10-09-2015, the injured worker presented for reevaluation. He reported 10 out of 10 pain in the lower back with occasional tremors. He hasn't been sleeping for about 4 days. He was taking 1.5 pills a day and was able to get his last prescription filled. Current medications include Flexeril Norco and Viibryd. Physical exam was not performed today. Work status was permanent and stationary. He is not currently working. The IW has been prescribed Norco for 8 years. "He was denied his Norco prescription after 8 years of being on this medication to keep him functional. He is currently without any pain medication and has worsening pain, increased anxiety and increased depression. I need to provide him with something and would like to see if Tramadol BID would be sufficient." Per the note dated 8-10-2015, he reported his pain level with Norco as 7 out of 10 and without Norco as 9 out of 10. He has been able to titrate his dose down to be able to continue at a current functional level. However, there is no documentation of any significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of Norco. The plan of care included, and authorization was requested on 10-09-2015 for Norco 10-325mg #45, Ultram 50mg #60 and one urine toxicology screen. Norco was determined to be not certified by UR on 9-23-2015. Norco was modified for weaning per UR dated 8-19-2015. 10-19-

2015, Utilization Review non-certified the request for Norco 10-325mg #45 and one urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2008 when he injured his low back while moving furniture. Treatments have included physical therapy and participation in the [REDACTED] had been recommended. The claimant reported being unable to completely wean Norco in order to be able to participate in the program due to increased pain. Norco is referenced as decreasing pain from 9/10 to 5/10 with improved sleep and walking tolerance and ability to bend and lift. Urine drug screening in May 2015 was consistent with the prescribed medications. When seen in October 2015, pain was rated at 10/10. He had been taking less Norco and had difficulty sleeping. Physical examination findings included recording of vital signs with a body mass index over 28. Norco was refilled at 10/325 mg #45 and Ultram 50 mg #60 was prescribed. The total MED (morphine equivalent dose) was increased from 20 mg per day to 35 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain and this medication had previously been effective, providing decreased pain and improved function. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

Decision rationale: The claimant sustained a work injury in September 2008 when he injured his low back while moving furniture. Treatments have included physical therapy and

participation in the [REDACTED] had been recommended. The claimant reported being unable to completely wean Norco in order to be able to participate in the program due to increased pain. Norco is referenced as decreasing pain from 9/10 to 5/10 with improved sleep and walking tolerance and ability to bend and lift. Urine drug screening in May 2015 was consistent with the prescribed medications. When seen in October 2015, pain was rated at 10/10. He had been taking less Norco and had difficulty sleeping. Physical examination findings included recording of vital signs with a body mass index over 28. Norco was refilled at 10/325 mg #45 and Ultram 50 mg #60 was prescribed. The total MED (morphine equivalent dose) was increased from 20 mg per day to 35 mg per day. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening less than six months ago was consistent with the medication prescribed. In this case, the claimant would be considered at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening less than one year after the previous testing is not considered medically necessary.