

Case Number:	CM15-0217105		
Date Assigned:	11/06/2015	Date of Injury:	10/18/2011
Decision Date:	12/28/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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 47 year old male, who sustained an industrial injury on 10-18-2011. Medical records indicate the worker is undergoing treatment for lumbar facet arthropathy, lumbar stenosis, lumbar degenerative disc disease, chronic pain syndrome and low back pain. A recent progress report dated 7-17-2015, reported the injured worker complained of low back pain, rated 7-8 out of 10 without medications, but was stable and tolerable with medications, rated 5 out of 10. Physical examination revealed lumbar paraspinal tenderness and painful range of motion. Treatment to date has included physical therapy and Norco (since at least 3-25-2015). The physician is requesting Norco 10-325mg #90. On 10-27-2015, the Utilization Review modified the request for Norco 10-325mg #90 due to an inconsistent urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Norco 10/325mg: Upheld

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

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 presents with low back pain rated 7-8/10 without and 5/10 with medications. The request is for 90 TABLETS OF NORCO 10/325MG. The request for authorization form is not provided. MRI of the lumbar spine, 02/02/12, shows mild degenerative disc disease with fat facet arthropathy at L4-5 and L5-S1 levels. Patient's diagnostic impressions include lumbar facet arthropathy; lumbar stenosis; chronic pain syndrome; low back pain; lumbar disc pain; lumbar degenerative disc disease; lumbar radicular pain. Physical examination of the lumbar spine reveals moderate tenderness over the paraspinals right greater than left. Straight leg raise is positive on the right. Limited active range of motion due to pain and weight at all fields. He was encouraged to use heat followed by stretches then ice at the end of the day for better pain control. He is able to stay functional, take care of his family, and work with the help of his medications. They deny any significant side effects with the medications. There is no aberrant behavior. Patient's medications include Norco and Flexeril. Per progress report dated 07/17/15, the patient is working full time. 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, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 07/17/15, treater's reason for the request is "for severe pain flare ups." Review of provided medical records show the patient was prescribed Norco on 01/16/15. MTUS requires appropriate discussion of the 4A's, and treater documents how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/17/15, CURES report dated 07/17/15, and signed opioid contract are discussed. However, long-term use of opiates may be indicated for nociceptive pain as it is "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)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.