

Case Number:	CM15-0221550		
Date Assigned:	11/17/2015	Date of Injury:	07/23/2001
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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:

This is a 60 year old male with a date of injury of July 23, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc bulge, right knee arthroscopy, and lumbar spine disc excision and fusion. Medical records dated June 23, 2015 indicate that the injured worker complained of lower back pain rated at a level of 9 out of 10 radiating to the bilateral lower extremities, and right knee pain rated at a level of 9 out of 10 with episodes of locking up and giving out. Records also indicate that the reported pain levels were without medications. A progress note dated September 15, 2015 documented complaints similar to those reported on June 23, 2015. Records also indicate that the medications were helpful with the pain, and that the injured worker reported waking during the night due to pain, symptoms of anxiety, and decreased strength and energy levels. Per the treating physician (September 15, 2015), the employee was permanent and stationary. The physical exam dated June 23, 2015 reveals an antalgic gait favoring the left, positive Kemp's test bilaterally, tenderness to palpation of the lumbar paraspinals with muscle guarding and spasms bilaterally, lumbar spine tenderness radiating into the bilateral lower extremities, tenderness to palpation of the sacroiliac joints, tenderness to palpation of the sciatic notches, decreased range of motion of the lumbar spine, nonspecific tenderness to palpation of the right knee, tenderness of the medial peripatellar and lateral peripatellar on the right, and full range of motion of the right knee. The progress note dated September 15, 2015 documented a physical examination that showed no changes since the examination performed on June 23, 2015. Treatment has included Norco since at least April of 2015; Soma and Ambien, lumbar spine surgery, and right knee surgery. Recent urine drug

screen results were not documented in the submitted records. The utilization review (October 21, 2015) non-certified a request for Norco 10-325mg #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: Upheld

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

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 1 PRESCRIPTION OF NORCO 10/325MG #120. Treatment history include right knee surgery, lumbar surgery, physical therapy, TENS unit, chiropractic treatments, epidural injections, and medications. Per report 04/16/15, "the patient's work status is continue P&S." 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 4A's (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, p 77, 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." Per report 09/15/15, the patient presents with lower back pain that radiates to the bilateral lower extremities, and right knee pain with episodes of locking up and giving out. The patient rated his pain level as 9/10. This patient has been utilizing Norco since at least 02/10/15. In this case, the patient has been reporting pain level as 9/10 despite taking Norco. On 02/10/15, the patient reported pain is 10/10 without medications, and with medications pain is 9/10. MTUS requires appropriate discussion of all the 4A's, and this treater has not provided any specific functional improvement, changes in ADL's or change in work status to document significant improvement with utilizing Norco. There are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary and the patient should be weaned per MTUS.