

Case Number:	CM15-0222135		
Date Assigned:	11/17/2015	Date of Injury:	06/24/1992
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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 63-year-old male who sustained an industrial injury on 06-24-1992. Medical records indicated the worker was treated for lumbago, and degeneration of intervertebral disc, site unspecified. In the provider notes of 10-19-2015, the injured worker complains of "near daily back pain" that becomes severe as activity continues, reaching an 8 on a scale of 0-10 by the end of the workday. After taking medication his pain decreases to almost 0 on a scale of 0-10. He takes up to 3 Norco daily and on some days, he requires less medication. He denies radiation of pain. He complains of no numbness or weakness in the lower extremities. Objectively, the worker is in no apparent distress, he has normal gait and full range of motion in the lumbosacral spine with no tenderness to palpation. Sensory and motor functions are intact in the lower extremities. Deep tendon reflexes are 2+ and 4 and bilaterally symmetrical. His medications listed are Norco. Treatment plan are for a refill of the Norco as it is felt that the medications allow him to function at higher levels, continue with his activity level, and have improved quality of life. The worker has been taking acetaminophen-hydrocodone 325mg-7.5 mg (NORCO) oral tablets since at least 01-12-2015. A request for authorization was submitted for 1 prescription for Norco 7.5/325mg #90. A utilization review decision 10-28-2015 modified the request to certify 1 prescription for Norco 7.5/325mg #45 between 10-19-2015 and 12-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 7.5/325mg #90: Overturned

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

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

Decision rationale: The patient presents on 10/19/15 with back pain rated 0/10 with medications, 8/10 without medications. The patient's date of injury is 06/24/92. The request is for 1 PRESCRIPTION FOR NORCO 7.5/325MG #90. The RFA is dated 10/19/15. Physical examination dated 10/19/15 is unremarkable. The patient is currently prescribed Norco. Patient is currently working. 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." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is appropriate. MTUS Guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a statement regarding a lack of aberrant behavior. Per progress note dated 10/19/15, the provider does include documentation that narcotic medications reduce this patient's pain from 8/10 to 0/10. The provider also notes that this patient's narcotic medications allow him to continue working and engage in a self-directed exercise regimen. The provider specifically notes a lack of aberrant behavior and a consistent urine drug screening to date. It is also indicated that this patient has undergone a lumbar laminectomy at unspecified levels in the past, and has been stable on his current regimen (3 Norco per day, sometimes less) for several years. In this case, 4A's criteria have been adequately addressed. Given this patient's presentation, surgical history, and the appropriate documentation of 4A's as required by MTUS, continuation of this medication is substantiated. The request IS medically necessary.