

Case Number:	CM15-0046793		
Date Assigned:	03/19/2015	Date of Injury:	01/28/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 45 year old male, who sustained an industrial injury on 1/28/2008, after lifting heavy equipment up stairs. The injured worker was diagnosed as having lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar spinal stenosis, and lumbar degenerative disc disease. Treatment to date has included conservative measures, including diagnostics, lumbar epidural steroid injections, medications, chiropractic, and physical therapy. Currently, the injured worker complains of low back pain, rated 8/10. He rated pain 9/10 without medications. Current medications included Cyclobenzaprine, Norco, Lyrica, and Amitriptyline. Magnetic resonance imaging results of the cervical (10/17/2013) and lumbar (3/04/2013) were referenced. Body mass index was 36.01%. He was ambulatory without an assistive device and was able to sit on the examination table without difficulty or evidence of pain. Exam of the lumbar spine noted scoliosis, range of motion restricted by pain, bilateral lumbar facet loading, and tenderness over the right piriformis. Urine drug screen, dated 11/07/2014, was inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/28/2008 and presents with low backache. The request is for Norco 10/325 mg. The Utilization Review denial rationale is that "documentation fails to address the most recent UDS dated 11/07/2014 which was positive for an unprescribed opiate, oxycodone." The RFA is dated 02/10/2015 and the patient is permanent and stationary. MTUS chronic pain medical treatment guidelines page 88-89, "Criteria for use of opiates for long term users of opiates (6 months or more)" 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 page 78 criteria for use of opiates, ongoing management, also requires documentation of the 4 A'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 page 98 also continues to say that the maximum dose for hydrocodone is 60 mg per day. On 01/02/2015, the patient rates his pain as a 7/10 with medications and a 9/10 without medications. He has no new problems or side effects. "His activity level has decreased. The patient is taking his medications as prescribed. He states that medications are working well." The 02/27/2015 report indicates that the patient rates his pain as an 8/10 with medications and a 9/10 without medications. With medications, the patient is able to lift 10 to 15 pounds, walk 5 blocks, sit for 30 minutes, and stand for 60 minutes. With medications, he can also perform household tasks including cooking, self-care, laundry, grocery shopping for approximately 30 minutes at a time. Without medications, the patient is able to lift up to 5 pounds, walk 1 block or less, sit for 20 minutes, and stand for 20 minutes or less. Without medications, the patient is able to perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately less than 10 minutes at a time. In this case, the treater provides all 4 A's including a discussion on side effects/aberrant behavior, before-and-after medication pain scales, and ADLs. However, there are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen conducted on 11/07/2014 which indicated the patient was taking medications that he was not prescribed. Both noroxycodone and oxymorphone were detected, which were not on his prescription. Due to the fact that the patient was not compliant with these medications, the requested Norco is not medically necessary.