

Case Number:	CM15-0087012		
Date Assigned:	05/11/2015	Date of Injury:	04/06/2009
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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 34-year-old female, who sustained an industrial injury on 4/06/2009, while employed as a caregiver. She reported injury to her low back while transferring a patient. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar disc protrusion, cervical myofascitis, major depressive disorder, single episode, moderate, chronic pain, and pain disorder associated with both psychological factors and a general medical condition. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, chiropractic, and medications. Currently, the injured worker complains of increased low back pain and stiffness, with pain radiating to both feet. Neck pain and stiffness, with occasional frontal headaches, was unchanged. Pain was not rated. Current medication regime was not noted. Her work status was not currently documented. Previous reports noted total temporary disability. The use of Norco was noted since at least 3/2014. Urine toxicology reports (7/29/2014, 4/24/2014, 12/05/2014, and 4/08/2015) did not show the presence of Norco. The treatment plan included Norco, Zanaflex, physical therapy, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents on 04/08/15 with unrated lower back pain, which radiates into the bilateral lower extremities, increased stiffness of the lower back, and occasional frontal headaches. The patient's date of injury is 04/06/09. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for medication modify to Norco 5/325 #90 for tapering. The RFA was not provided. Physical examination dated 04/08/15 reveals tenderness to palpation of the lumbar region, bilateral SI joint tenderness, and limited forward flexion secondary to pain. The patient is currently prescribed Norco and Zanaflex. Diagnostic imaging included lumbar MRI dated 04/21/11, significant findings include: "L5-S1 4-5mm broad based central subligamentous disc protrusion with slight inferior prolapse of disc material on the posterior margin of S1, Bilateral S1 root irritation" Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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." In regards to the continuation of Norco for the management of this patient's lower back pain, the treating physician has not provided adequate documentation of efficacy to substantiate continue use. Review of the treating physician's reports does not show discussion of intent to wean this medication. The request for IMR appears to appeal the UR modifications for weaning. Most recent progress note, dated 04/08/15 does not discuss analgesia or mention specific functional improvements attributed to medications. A urine toxicology lab request was included with the documentation; however, the results of the screening were not made available for review nor discussed in the progress notes. A careful review of the documentation provided does not reveal any prior consistent urine drug screens or discussions of a lack of aberrant behavior, either. MTUS guidelines require documentation of analgesia via a validated instrument, activity-specific functional improvements, evidence of consistent urine drug screens, and a discussion of aberrant behavior to substantiate long-term use of opiate medications - no such documentation is provided. Given the lack of 4A's documentation, as required by MTUS, the request is not medically necessary.