

Case Number:	CM15-0236697		
Date Assigned:	12/14/2015	Date of Injury:	02/26/2013
Decision Date:	01/20/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/03/2015

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 58 year old male who sustained an industrial injury February 26, 2013. Past history included status post lumbar laminectomy. Diagnoses are lumbar sprain, strain-worse; left greater than right radiculopathy- improved; lumbar spine status post laminectomy-worse; chronic pain syndrome-improved. According to a primary treating physician's progress report dated October 15, 2015, the injured worker presented with complaints of low back pain, rated 3-7 out of 10, radiating into the right hip and down the left leg to the foot with numbness, ongoing left hip pain, and new onset of right hip pain, rated 3-7 out of 10. He rated his pain 3 out of 10 with medication and pain relief lasting for 8-10 hours, allowing him to increase exercise and perform activities at home and work (not described). Current medication included Norco (since at least May 4, 2015, with modified certification) and Gabapentin-Horizant. Objective findings included: wearing a lumbosacral brace; decreased painful range of motion of the lumbar spine with diffuse tenderness on palpation; mid-back with superficial abscess covered with a bandage. The physician documented CURES report reviewed and consistent. Treatment plan included to continue with home exercise program and stretching, and pending work conditioning authorization. At issue, is the request for authorization for Norco. According to utilization review dated November 5, 2015, the request for Gabapentin-Horizant 600mg Quantity: 180 is certified. The request for Norco 10-325mg Quantity: 90 were modified to Norco 10-325mg Quantity: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 patient presents on 10/15/15 with lower back pain which radiates into the right hip and left lower extremity, with associated numbness in the affected regions. The patient's date of injury is 02/26/13. Patient is status post lumbar laminectomy at a date unspecified. The request is for NORCO 10/325MG QTY 30. The RFA is dated 10/15/15. Physical examination dated 10/15/15 reveals tenderness to palpation of the lumbar spine with decreased/painful range of motion and a superficial abscess on the mid-back. The patient is currently prescribed Norco and Horizant. Patient is currently working modified duties. 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 10/15/15 the provider does include documentation that narcotic medications reduce this patient's pain from 7/10 to 3/10. The provider also notes that this patient's narcotic medications allow him to continue working modified duties and exercise. The provider specifically notes a lack of aberrant behavior and a consistent urine drug screening performed on 02/04/15. 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.