

Case Number:	CM15-0244056		
Date Assigned:	12/23/2015	Date of Injury:	09/19/1999
Decision Date:	01/29/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/15/2015

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 51 year old male with an industrial injury dated 09-19-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc disorder (IVD) without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc disorder, muscle spasm, chronic pain syndrome and constipation. According to the progress note dated 08-20-2015, the injured worker reported a bad flare up which lasted three weeks. Pain level was 3-4 out of 10 on a good day and 9-10 out of 10 on a bad day on a visual analog scale (VAS). Pain level was unchanged from 06-09-2015 visit. The injured worker is able to do activities of daily living with medication and is homebound without medication. Medications include Norco (since at least February of 2015) and Tizanidine. Objective findings (08-20-2015) revealed antalgic gait, decreased lumbar range of motion, tight paralumbar muscle and deep "TP" of left "LS". Treatment has included urine drug screens, prescribed medications, and periodic follow up visits. The treating physician reported that the UDS (urine drug screen) on 7-21-2015 had opiate, hydrocodone, Methadone, 9-carboxy THC on board. The treating physician noted that the Methadone was not from his office. Urine drug screen report performed on 08-26-2015 was positive for opiates and inconsistent for marijuana. The treating physician prescribed Norco 10mg quantity 220. The utilization review dated 11-23-2015, non-certified the request for Norco 10mg quantity 220.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg quantity 220: Upheld

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: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with severe back pain rated 3-4/10 on a good day, and 9-10/10 on a bad day, and is s/p recent flare-up. The treater has asked for Norco 10mg Quantity 220 on 7/21/15. The request for authorization was not included in provided reports. Per 6/9/15 report, the patient has been stable the last 5 weeks with more ups and downs in his pain. The patient is currently taking Norco and Tizanidine and states that pain medications are not working per 7/21/15 report. The patient states that with medications, he is able to do activities of daily living, chores, and drive, but without medications is home-bound, sitting/laying in bed the entire day per 7/21/15 report. The patient's work status is not included in the provided documentation. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states that "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 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, Criteria For Use Of Opioids Section, page 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." The treater does not discuss this request in the reports provided. The patient has been taking Norco since at least the 6/9/15 report, and is currently on Norco per 7/21/15 report. Per 7/21/15 report, the treater states that with the current medication regimen which includes Norco, the "pain is much better but temporary." MTUS requires appropriate discussion of all the 4 A's; however, in addressing the 4 A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A narcotic agreement is on file, and a CURES report was checked per 7/21/15 report. However, a urine drug screen on 9/17/15 was inconsistent as it showed positive for marijuana metabolite which is not prescribed. There is no discussion regarding this inconsistent urine drug screen per review of reports. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.