

Case Number:	CM15-0019064		
Date Assigned:	02/06/2015	Date of Injury:	02/25/2013
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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 48 year old male, who sustained an industrial injury reported on 2/25/2013. He has reported no change in pain. The diagnoses were noted to have included musculoligamentous sprain and strain; lumbar spine; lumbar degenerative disc disease with herniated nucleus pulposus and progressive deficits; and depression. Treatments to date have included consultations; diagnostic imaging studies; diagnostic urine studies; epidural steroid injection therapy; anterior lumbar decompression and fusion surgery (4/22/14); physical therapy session; and medication management that. The work status classification for this injured worker (IW) was noted to be on modified duty. On 1/29/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 11/21/2014, for Norco 10/325mg #90 and Norco 10/325mg #60 - to only #60 (total) for the purpose of weaning. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, opioid therapy, ongoing management, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 Qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325mg #90. The patient is currently taking Naproxen, Cyclobenzaprine, Norco and Tramadol ER. The patient has been utilizing Norco since at least 08/06/14. The patient is currently not working. The patient underwent urine drug screens on 08/27/14 and 11/17/14, with consistent findings. Per the 12/15/14 progress report, "His pain is 7/10 without medications and 4/10 with medications; He is using Norco for breakthrough pain and is weaning." MTUS Guidelines 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 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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater mentions that the patient has appropriate drug screen results. The treater discusses analgesia and aberrant behavior/side-effects, but does not discuss ADL's. All 4 A's as required by MTUS guidelines are not addressed. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Therefore, the request IS NOT medically necessary, and the patient should slowly be weaned as outlined in MTUS guidelines.

Norco 10/325 mg #60 Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325mg #60. The patient is currently taking Naproxen, Cyclobenzaprine, Norco and Tramadol ER. The patient has been utilizing Norco since at least 08/06/14. The patient is currently not working. The patient underwent urine drug screens on 08/27/14 and 11/17/14, with consistent findings. Per the 12/15/14 progress report, "His pain is 7/10 without medications and 4/10 with medications; He is using Norco for breakthrough pain and is weaning." MTUS Guidelines 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 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 guidelines page

90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater mentions that the patient has appropriate drug screen results. The treater discusses analgesia and aberrant behavior/side-effects, but does not discuss ADL's. All 4 A's as required by MTUS guidelines are not addressed. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Therefore, the request IS NOT medically necessary, and the patient should slowly be weaned as outlined in MTUS guidelines.