

Case Number:	CM15-0113730		
Date Assigned:	06/22/2015	Date of Injury:	10/19/1998
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female patient, with a reported date of injury of 10/19/1998. The diagnoses include lumbar degenerative disc disease with intractable low back pain, scoliosis, insomnia secondary to chronic pain and depression sequelae, and depression secondary to chronic pain and insomnia sequelae. Per the note dated 5/22/2015, she had increased lumbar radiculopathy with increased numbness and mild weakness in to the left leg. Per the medical report dated 05/01/2015, she had chronic intractable low back pain. The office visit was for post-operative evaluation and an adjustment of her intrathecal pump medication. Pain relief was unsatisfactory. Her pain was rated 10 out of 10 with intervals no lower than 10 out of 10. There had no abnormal behavior noted and the urine drug test and CURES report were consistent with the current therapy. She denied any adverse effects. She was able to sit, stand, and walk 0-1 minutes; her sleep was disturbed many times a night due to pain; and she continued to do her activities of daily living. The physical examination showed a depressed affect, uncomfortable appearing, fatigued, and well-healing wounds. There were no objective findings regarding the lumbar spine. Per the medical report dated 03/05/2015, she had complaints of pain in her legs. She was able to sit 0-1 minute, stand 30 minutes, and walk 30 minutes. Her sleep was disturbed three times a night due to pain. Her activities of daily living were independent. She rated her pain 8 out of 10 with intervals no lower than 7 out of 10 and sometimes higher than 8 out of 10. The medications list includes urecholine, Cymbalta, vitamin D3, theragraan, Norco, toprol XL, gabapentin and Pantoprazole. Treatments to date have included an intraspinal pump access, aspiration, and refilling, implanted infusion system telemetry and reprogramming, and

ultrasound guidance for needle placement on 03/05/2015; revision of intrathecal catheter, removal and replacement of spinal fusion pump, access and refilling of infusion pump, and analysis and programming of infusion pump on 04/23/2015; and oral medications. She has had urine drug screen on 11/6/2014 which was positive for opiates, benzodiazepine and THC; urine drug screen on 1/29/15 which was positive for opiates, THC and Carisoprodol. The treating physician requested Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80.

Decision rationale: Norco 10mg/325mg #240, Norco contains Hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. She has had urine drug screen on 11/6/2014, which was positive for opiates, benzodiazepine and THC; urine drug screen on 1/29/15, which was positive for opiates, THC and Carisoprodol. This was inconsistent with her prescribed medication list. Norco 10mg/325mg #240 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer-reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.