

Case Number:	CM15-0126948		
Date Assigned:	07/13/2015	Date of Injury:	11/21/1997
Decision Date:	08/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

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 54 year old female, who sustained an industrial injury on 11/21/1997. Diagnoses have included low back pain flare-up with history of lumbar sprain/strain with degenerative disc disease and right shoulder girdle sprain/strain with chronic tendinopathy. The injured worker also had a history of elevated liver enzymes secondary to fatty liver disease. Treatment to date has included medication and home exercises. According to the progress report dated 5/27/2015, the injured worker complained of ongoing, stabbing pain in her back. She complained of radiation of her back pain down her left leg with severe cramps. She continued to be self-employed cleaning houses. She had been using Norco for severe pain and Tylenol for moderate pain. She rated her current pain as 8/10, her pain at best with medications was rated 4/10 and without medications was rated 10/10. She was using Lyrica at night to offset neuropathic burning pain. Back exam revealed palpable spasms in the lumbar trunk. Exam of the right shoulder revealed limited range of motion. Authorization was requested for Norco and labs of AST and ALT liver enzymes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right shoulder and lumbar spine. The current request is for Norco 10/325mg quantity unspecified. The treating physician states in the report dated 5/27/15, "She has been using Norco for severe pain. She states she gets 50% reduction in her pain, 50% functional improvement with activities of daily living. Rating her pain an 8/10; at best a 4/10 with her medications, a 10/10 without them." (52B) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. However, this request did not come with a specific quantity and MTUS does not allow open-ended prescriptions, as ongoing monitoring is required. The current request is not medically necessary.

Labs: AST and ALT liver enzymes: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-70.

Decision rationale: The patient presents with pain affecting the right shoulder and lumbar spine. The current request is for Labs: AST and ALT liver enzymes. The treating physician states in the report dated 7/1/15, "She has been diagnosed with elevated liver enzymes due to fatty liver disease." (71B) The patient is currently being prescribed Norco and Lyrica. The MTUS guidelines appear to have some support for testing of liver enzymes for patients that are prescribed NSAIDs. MTUS states, Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). In this case, the treating physician reports provided indicate elevated liver enzymes and chronic usage of Norco, which contains Tylenol metabolizing in the liver. The current request is medically necessary.

