

Case Number:	CM15-0149433		
Date Assigned:	08/26/2015	Date of Injury:	11/05/1999
Decision Date:	10/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 63 year old female who sustained an industrial injury on 11-05-1999. The injury occurred when she was involved in a motor vehicle accident. She experienced back pain, right lower extremity pain, bilateral knee pain and headaches. Treatment to date has included physical therapy, acupuncture, medications, Botox injections, spine surgery and transforaminal epidural steroid injection. According to a progress report dated 06-04-2015, the injured worker began participating in a Functional Restoration Program on 06-01-2015. Her condition remained the same. She continued struggling with chronic pain in her low back and neck, but was more optimistic. The worse pain was in her back. Pain average was 8 on a scale of 1-10 with radiation to her legs, mainly her right one. She also reported numbness in her right foot. She could not sit longer than 30 minutes. She could drive for 15 minutes at a time. (This was unchanged from a progress report dated 08-21-2014 at which time she was utilizing Norco). She also reported right knee pain that was constant and went up with movements. There was frequent popping and difficulty climbing stairs. She took pain medications on an as needed basis. She took 1-2 tablets of Norco a day but not every day due to her liver problems. She denied side effects. She was able to continue working part-time as a real estate agent. Diagnoses included chronic pain syndrome, status post L3-S1 global fusion, right lumbar radiculopathy, lumbar degenerative disc disease, L2-3, L3-4 spinal stenosis, neurogenic claudication, chronic bilateral knee pain, chronic migraine headaches, cervical degenerative disc disease and cervical facet joint disease. The treatment plan included continuation in functional restoration program, repeat lumbar epidural S1 intraforaminal steroid injection, Zomig nasal spray as needed for migraine attack, Norco 10-325 mg by mouth twice a day #60 and a follow up in one month. Currently under review is the request for Norco 5-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): s 60, 61, 76-78, 88, and 89.

Decision rationale: The 63 year old patient complains of neck pain radiating to shoulders, migraine headaches, low back pain, rated at 8/10, radiating to the legs with numbness in the right foot, and knee pain, as per progress report dated 06/04/15. The request is for Norco 5/325mg #60. The RFA for this case is dated 05/04/15, and the patient's date of injury is 11/05/99. The patient is status post L3-S1 global fusion, as per progress report dated 06/04/15. Diagnoses included chronic pain syndrome, right lumbar radiculopathy, lumbar degenerative disc disease, L2-3 and L3-4 spinal stenosis, neurogenic claudication, chronic bilateral knee pain, chronic migraine headaches, cervical degenerative disc disease, and cervical facet joint disease. Medications included Norco and Zomig. The patient is working as a real estate agent. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco is first noted in progress report dated 02/07/13. The patient appears to be taking the medication consistently since then. As per progress report dated 06/04/15, the patient takes 1-2 Norco per day but not every day "due to her liver problems." There are no side effects and the patient continues to work part-time as a real estate agent. The treater, however, does not document change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES and UDS reports are available for review. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.