

Case Number:	CM15-0172962		
Date Assigned:	09/15/2015	Date of Injury:	02/08/2007
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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 62 year old male, who sustained an industrial injury on 2-8-07. Medical record indicated the injured worker is undergoing treatment for lumbar spondylolisthesis, lumbar spinal stenosis, degenerative disc disease of lumbar spine, lumbar radiculopathy and status post spinal fusion surgery. Treatment to date has included oral medications including spinal fusion, Norco 10-325mg (since at least 12-11-15), Lyrica 75mg, Lyrica 50mg, Cymbalta 60mg, Skelaxin 800mg, Prozac 20mg and Lipitor 10mg, physical therapy and activity modifications. Currently on 8-13-15, the injured worker complains of continued low back with radiation to legs and rated 9 out of 10 and associated with increasing pain and numbness. He notes the symptoms are constant and worsened with prolonged standing and alleviated with Norco, Lyrica and often times nothing. Physical exam performed on 8-13-15 revealed clean and dry lumbar surgical incision, left partial foot drop and antalgic gait. The treatment plan included refilling of Norco. On 8-27-15, utilization review non-certified request for Norco 10-325mg #180 noting increasing pain while utilizing Norco since at least 1-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: The patient was injured on 02/08/07 and presents with low back pain and leg pain. The request is for Norco 10/325 mg #180. There is no RFA provided and the patient's current work status is not provided. He has been taking this medication as early as 10/01/14 and treatment reports are provided from 10/01/14 to 08/13/15. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, 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." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." On 02/13/15, the patient rated his pain as a 7-8/10. On 03/19/15 and 05/01/15, he rated his pain as an 8/10. On 05/28/15 and 08/13/15, he rated his pain as a 9/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrates medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.