

Case Number:	CM15-0174151		
Date Assigned:	09/16/2015	Date of Injury:	10/11/2000
Decision Date:	10/16/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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: North Carolina

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:

The injured worker is a 53 year old male, who sustained an industrial-work injury on 10-11-00. He reported initial complaints of strain of low back. The injured worker was diagnosed as having lumbar pain, lumbar disc herniation without myelopathy, lumbar spine dysfunction, cervical spine herniated nucleus pulposus-bulge, intervertebral degeneration, and scoliosis. Treatment to date has included medication, physical therapy, modified duty, psychiatry consult, orthopedic consult, diagnostics, and ESI (epidural steroid injection). MRI results were reported on 12-19-12 that demonstrated L4-5 disc desiccation and diffuse annulus bulging left greater than right, arthropathy and mild caudal foraminal narrowing bilaterally and L5-S1. Currently, the injured worker complains of lumbar pain with occasional flare-ups and controlled with medication. Per the primary physician's progress report (PR-2) on 3-31-15, exam noted no significant changes, pain is greater on the left side of his back. The cervical spine has mild tenderness in the left paraspinals, trapezius, shoulder, scapular region, range of motion is normal in flexion, 75 percent in extension, rotation, and lateral bending, negative Spurling's and facet maneuver. Lumbar exam demonstrates mild tenderness in the paraspinals, 50 percent normal flexion, 75 percent of extension, rotation, and lateral bend, negative straight leg raise and facet test. Upper extremities have 2 out of 4 sensations in the triceps, biceps, brachioradialis, and Hoffman's is negative. The Request for Authorization date requested service to include Norco 5-325 mg. The Utilization Review on 8-11-15 partially modified denied the request due to lack of documentation of functional improvement and number of tablets is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG: 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): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how

Norco improves activities. The work status is not mentioned. There is also not an included quantity in the request. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.