

Case Number:	CM15-0033582		
Date Assigned:	02/27/2015	Date of Injury:	09/21/2000
Decision Date:	04/13/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/23/2015

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 43-year-old female, who sustained an industrial injury on 9/21/2000. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified, headache, and opioid dependence. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of low back pain, with radiation down the lower extremities. She also reported headaches, swallowing problems due to acid reflux, shortness of breath, asthma, numbness and tingling of the toes and fingers, sleep problems, narcolepsy, and memory problems. The PR2 report, dated 12/23/2014, noted that recent neurology evaluation found no clear cut focal neurologic deficit or any evidence of cognitive deficit, muscle atrophy, or spinal nerve dysfunction. A reduction in narcotic use was recommended. Current medications included Opana ER, Norco (three times daily), Robaxin, Valium, Maxalt, Cannabis pills, Xanax, Ambien, Prozac, ProAir, and Nuvigil. She reported relative inactivity, weight gain, and depression due to medication reductions. Urine toxicology, 12/16/2014, was consistent with prescribed medications. She switched positions throughout the examination and spoke rapidly. Exam of the cervical spine noted tenderness to palpation throughout, positive myofascial trigger point activity, and palpation in the occipital region caused reproduction of headache complaints. Exam of the low back noted pain and tenderness with palpation, with myofascial trigger points throughout the lumbar region. There was an increase in radicular pattern of pain on the right leg. Radiographic imaging results were not noted. An appeal letter, dated 1/09/2015, noted that Norco weaning from 3x day to 2x day was appropriate, but was met with significant resistance from the injured worker. On 1/24/2015,

Utilization Review non-certified a request for Norco 10/325mg #30, between 12/16/2014 and 3/21/2015, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recommend prospective request Norco 10/325 mg #30 between 12/16/2014 and 3/21/15:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain. The current request is for RECOMMEND PROSPECTIVE REQUEST NORCO 10/325MG #30 BETWEEN 12/16/14 AND 3/2/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient reports that she is unable to function without medications. Pain was rated as 10/10 without medications and 6/10 with medications. The patient is being monitored for compliance with Urine Drug Screens. On 10/2/14, the patient reported decrease in pain from 9/10 to 5-6/10 with medications. She is able to walk her dog, do house chores and drive short distances with medications. These are attributing to her quality of life. Consistent CURES report was noted, UDS from 9/4/15 was consistent with medications prescribed and an opioid contact was signed and dated 10/2/13. In this case, the treating physician has provided adequate documentation including the 4A's as required by MTUS for opiate managed. This request IS medically necessary.