

Case Number:	CM14-0135389		
Date Assigned:	08/29/2014	Date of Injury:	11/30/2004
Decision Date:	11/17/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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:

This is a 60 year old male who sustained a work-related injury on 11-30-04. Medical record documentation on 8-7-2014 revealed the injured worker was being treated for low back pain with radiation of pain to the bilateral lower extremities. He reported that he was receiving 60% pain relief following a lumbar epidural steroid injection performed on 5-1-14. He reported right knee pain which had steadily worsened following a fall in November 2013. MRI studies revealed a meniscal tear in the posterior horn of the medial meniscus overlying the point of maximum pain. His medication regimen included MS Contin 30 mg, Norco 10-325 mg for breakthrough pain, Valium 10 mg, Protonix 30 mg, Zoloft 100 mg, Cialis 5 mg and 20 mg, Delatestryl injection 100 mg, Fexmid 7.5 mg and OxyContin 80 mg. Objective findings included an antalgic gait with use of a single-point cane. He had tenderness to palpation of the posterior cervical curvature bilaterally and palpable trigger points. He had obvious muscle guarding with gentle range of motion. He had tenderness to palpation over the posterior lumbar musculature with increased muscle rigidity and numerous trigger points. He exhibited muscle guarding with range of motion testing. His lumbar spine range of motion was flexion to 45 degrees, extension to 15 degrees, and bilateral bending to 20 degrees. Diagnoses included status post L4-5 and L5-S1 interbody fusion, 1995; right lower extremity radiculopathy; status post interbody fusion at L1-2, L2-3, and L3-4, 2006, and spinal cord stimulator placement in the lower extremities, 2008 with removal in 2010. On 8-19-14, the Utilization Review physician determined Norco 10-325 mg #240 tablets for symptoms related to cervical spine and lumbar spine surgery were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 240 TABLETS: Upheld

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

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 60 year old patient complains of lower back pain radiating to bilateral lower extremities, and right knee pain, as per progress report dated 08/07/14. The request is for Norco 10/325 MG, 240 tablets. There is no RFA for this case, and the patient's date of injury is 11/30/04. The patient is status post L4-5 and L5-S1 interbody fusion in 1995, status post L1-2, L2-3 and L3-4 interbody fusion in 2006, status post spinal cord placement in 2008, and status post spinal cord removal in 2010, as per progress report dated 08/07/14. Diagnoses also included right lower extremity radiculopathy, reactionary anxiety and depression, medication-induced gastritis, erectile dysfunction, and right knee sprain/strain. Medications include MS Contin, Norco, Valium, Protonix, Zoloft, Cialis, FexMid, Oxycontin and Delatestryl injection. Diagnoses, as per progress report dated 08/11/14, included Hypogonadism and erectile dysfunction. The reports do not document the patient's work status. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 03/21/14. While the patient has been taking the medication consistently since then, it is not clear when the opioid was initiated. As per progress report dated 08/07/14, the treater routinely reviews the patient's response to Norco and other opioids, and the patient must "demonstrate improved functional restoration, ADLs, sleep pattern, elevated mood, and quality of life" for continued use. The patient is also monitored using UDS and CURES reports. In progress report dated 06/12/14, the treater states the patient has been stable on this medication regimen for several years and "requires each one of these medications to maintain his functional and active lifestyle as much as possible." The treater also indicates that they routinely wean medications individually to ensure they are effective at the lowest possible dose. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate

objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No UDS or CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.