

Case Number:	CM13-0062003		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2007
Decision Date:	05/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female with an injury date on 10/16/07. Based on the 08/29/13 report provided by [REDACTED], the patient presents with chronic lumbosacral musculoligamentous sprain/strain, L4-L5 right foraminal stenosis with listhesis and protrusion, L5-S1 left foraminal stenosis with annular bulge and osseous hypertrophy, and bilateral shoulder impingement. [REDACTED] is requesting Norco 10/325 mg #120. The utilization review determination being challenged is dated 11/25/13 and recommends denial of the Norco. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/13- 08/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, and 61; 88, and 89. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MEDICATIONS FOR CHRONIC PAIN, 60, 61

Decision rationale: According to the 08/29/13 progress report by [REDACTED], the patient presents with chronic lumbosacral musculoligamentous sprain/strain, L4-L5 right foraminal stenosis with listhesis and protrusion, L5-S1 left foraminal stenosis with annular bulge and osseous hypertrophy, and bilateral shoulder impingement. The request is for Norco 10/325 mg #120. The first indication of the patient taking Norco was noted on the 03/18/13 progress report by [REDACTED]. However, despite the review of reports to 8/29/13, there is no discussion regarding how Hydrocodone has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. According to MTUS, pg. 88-89, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Recommendation is for denial.