

Case Number:	CM14-0121326		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2010
Decision Date:	10/01/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 35-year-old female who reported an injury on 01/15/2010. The mechanism of injury was not provided with the documentation submitted for review. She was noted to have a diagnosis of herniated nucleus pulposus at C5-6 with canal stenosis; cervical and lumbar myofascial pain; herniated nucleus pulposus with bilateral foraminal stenosis at L3-4 and L4-5; gastritis, trigger points with symptomatic improvement after trigger point injections and right sacroiliitis. Her prior treatments were noted to be physical therapy, medications, epidural steroid injections, trigger point injections and sacroiliac joint injections. The injured worker had a clinical evaluation on 05/29/2014. Her subjective complaints were noted to be neck pain rated a 3/10 and low back pain rated a 7/10. She also complained of pain with numbness and pins and needles that radiated down the bilateral upper extremities to the fingers. She indicated aching and stabbing pain in the low back and right gluteal area. She stated pain radiated down the left lower extremity to the foot and she had numbness in both of her feet. The objective physical examination findings revealed palpable right paraspinal lumbar spasms. She had diffuse tenderness to palpation in the lumbar spine. She also had marked positive Faber test on the right side with a positive Galen's test on the right side. Medications were reviewed and the treatment plan is for a sacroiliac joint injection on the right side and medication refills. The provider's rationale for the request was noted within the treatment plan and a request for authorization was provided and dated on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Opioids, and Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg quantity 30 is not medically necessary and appropriate. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. This includes 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, 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. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation provided for review dated 05/29/2014 failed to provide an adequate pain assessment. The 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. In addition, the request for Norco fails to provide a dosage frequency. As such, the request for Norco 10/325 mg, quantity 30 is not medically necessary and appropriate.