

Case Number:	CM14-0135213		
Date Assigned:	08/27/2014	Date of Injury:	09/11/2012
Decision Date:	11/28/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 & 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 38 year old male with an injury date of 09/11/12. According to the 05/20/14 progress report, the patient complains of having increased lower back pain which he rates as a 10/10. He currently ambulates with a cane. His pain is located at the posterior right/left middle back, posterior lower back, posterior left/right buttocks, posterior neck, posterior right/left shoulder, posterior right upper back, and posterior right upper leg. His pain radiates to his posterior thigh, calf, and heel. He describes his pain as being chronic and moderate. The patient's straight leg raise was tested as being bilaterally abnormal. The 06/24/14 report indicates that the patient continues to have lower back pain and still rates his pain as a 10/10. The patient is diagnosed with lumbago. The utilization review determination being challenged is dated 06/25/14. Treatment reports were provided from 01/14/14- 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: According to the 06/24/14 report, the patient presents with lower back pain and rates his pain as a 10/10. The request is for Norco 10/325 mg #90 for tapering 10% every 2-4 weeks. The patient had a urine drug screen on 05/20/14 which showed that the patient was consistent with his medications. The patient has been taking Norco as early as 04/22/14, 1 tablet as needed for pain. MTUS Guidelines 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 page 78 also requires documentation of the 4As (analgesia, activities of daily livings (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. In this case, the treating physician does not discuss any changes in ADLs the patient has had. The patient clearly has no side effects/adverse behavior; however, there is no change in pain scale. The treating physician does not discuss opiate management issues such as potential aberrant behavior. Therefore, this request is not medically necessary.