

Case Number:	CM14-0156842		
Date Assigned:	09/26/2014	Date of Injury:	10/26/1999
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 52-year-old male with an injury date of 10/26/1999. According to the 08/21/2014 progress report, the patient has ongoing severe caudal and lumbar pain. The patient has a limited lumbar range of motion as well as a limited cervical range of motion. No other positive exam findings were provided in the reports. The patient's diagnoses include the following: Lower back pain, Neck pain, and chronic pain. The utilization review determination being challenged is dated 09/10/2014. Treatment reports were provided from 02/20/2014-08/21/2014 (all were illegible and handwritten).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 2 refills: Upheld

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

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

Decision rationale: According to the 08/21/2014 progress report, the patient complains of having caudal and lumbar pain. The request is for Norco 10/325 mg #180 with 2 refills. The patient has been taking Norco as early as 02/20/2014. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (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. Regarding Norco, the treater does not provide specific functional improvement, increase in quality of life, or changes in ADLs to warrant long-term use. There were no pain scales provided, no discussions on adverse side effects/behavior provided either. Recommendation is for denial.