

Case Number:	CM14-0171931		
Date Assigned:	10/23/2014	Date of Injury:	05/04/2013
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 56-year-old male with a date of injury of 05/04/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Spinal/lumbar DDD. 3. Low back pain. According to progress report, 09/19/2014, the patient presents with low back pain that radiates down to the right leg. The patient rates his pain with medication, 6/10, and without medication as 9/10. The patient reports that his pain is worse on this visit. It was noted that medications are less effective after tapering off Norco. No side effects were reported. The patient is scheduled for low back surgery on 10/09/2014 with [REDACTED]. The patient is requesting an epidural injection for pain relief in the meantime. The patient notes that Norco medication is helpful to reduce his pain. Current medications are Lyrica 100 mg, Norco 10/325 mg, Norco 5/325 mg, aspirin 325 mg, naproxen 250 mg, atorvastatin 80 mg, Glipizide 5 mg, Lisinopril 10/12.5 mg, and Metformin ER 500 mg. Examination of the lower back revealed decreased range of motion on all planes. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle band is noted on the right side. There was tenderness noted over the posterior iliac spine on the right side. The patient was instructed to continue with medication. Utilization Review denied the request on 09/19/2014. Treatment reports from 04/04/2014 to 09/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 89 76-78 60,61.

Decision rationale: This patient presents with low back pain that radiates into the right lower extremity. The provider is requesting refill of Norco 5/325 mg #90. The MTUS Guidelines pages 88 and 89 state, "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 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. Review of the medical file indicates the patient has been taking Norco since at least 04/30/2014. On 09/19/2014, the patient notes that his pain is reduced from 10/10 to 5/10 and he is able to do exercises, walk further while hiking, and do daily chores and cleaning. Urinary drug screenings (UDS) from 01/10/2014 and 05/02/2014 were consistent with medications prescribed. Report 05/02/2014, states the patient is working modified. The 04/04/2014 report indicates that the patient is utilizing a maximum of 2 Norco per day for breakthrough pain with no noted side effect. The patient reports, with medication, he remains independent with self-care task and is able to perform light household duties including chores, cooking, cleaning, and assisting a meal preparation and laundry. Without medication, he is limited in standing and ambulation due to pain. In this case, the provider discusses analgesia and provides specific functional improvement with taking Norco. It was noted that the patient has no side effects with medications and urine drug screens are administered to monitor compliance. Given that the provider has provided adequate documentation for opiate therapy, this request is medically necessary.