

Case Number:	CM14-0023375		
Date Assigned:	05/12/2014	Date of Injury:	11/15/2010
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Pain Management, 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 54 year old female with an injury date of 11/5/10. Based on the 12/02/13 progress report provided by [REDACTED], the patient complains of mild to severe pain in the low back. The pain radiates down the hips, thighs, and buttocks. The patient is diagnosed with degenerative disc disease, right more than left with lower extremity radiculopathy. [REDACTED] is requesting for Norco 5/325 #30 times 2. The utilization review determination being challenged is dated 01/22/14. The rationale is that the patient has been on Norco since 09/06/13 and there is no evidence that the patient has improved with the use of Norco. [REDACTED] is the requesting provider, and he provided treatment reports from 06/10/13- 01/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 #30 TIMES 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioids Page(s): 88-89.

Decision rationale: According to the 12/02/13 report by [REDACTED], the patient presents with mild to severe pain in the low back which radiates down the hips, thighs, and buttocks. The patient is diagnosed with degenerative disc disease, right more than left with lower extremity radiculopathy. The request is for Norco 5/325 #30 times 2. The patient has been taking Norco since 09/06/13. The 10/14/13 report by [REDACTED] states that the patient's pain level is at a 5/10 with medications and a 6/10 without medications. No functional changes or specific ADL improvements are documented. According to MTUS, pg. 8-9, "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, the only documentation is that pain goes from 6/10 to 5/10. One point change in a pain scale does not appear significant and there are no other documentations to show that chronic opiate usage is benefitting this patient in a meaningful way. The treater does not discuss "outcome measures," the four A's (Analgesia, ADL's, Adverse effect, Adverse behavior) as required by MTUS either. The request is not medically necessary and appropriate.