

Case Number:	CM14-0083158		
Date Assigned:	07/21/2014	Date of Injury:	10/15/2010
Decision Date:	09/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 49-year-old female with date of injury of 10/15/2010. The listed diagnoses per Dr. [REDACTED] dated 05/19/2014 1. Lumbago with radiculopathy, rule out HNP of the lumbar spine versus disk bulge with neuroforaminal narrowing. 2. Sacral neuropathy. 3. SI joint pain. According to this report, the patient complains of low back pain. The back pain is located in the lumbar area and sacroiliac area. The patient indicates narcotic improves her condition. She describes her pain as aching, sharp, tearing, throbbing, spasming, and shocking going down the legs. She rates her pain 6/10. The objective findings show gait and station examination reveals mid-position without abnormalities. There is decreased rotation of the lumbar spine. There is a positive straight leg raise on the right at 40 degrees with radiculopathy down the right leg. Positive compression test to the right SI joint. There is tenderness to palpation at L3-L4, L4-L5, and SI joint bilaterally. Positive Patrick's test to the right. DTRs are 2+ in the upper extremities and lower extremities. The utilization review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 5/325mg #120: Upheld

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

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

Decision rationale: This patient presents with low back pain. The treating physician is requesting Norco 5/325 mg, quantity 120. The MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant 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. The records show that the patient was prescribed Norco on 11/15/2013. The treating physician documents medication efficacy stating, "narcotics improve condition." The treating physician does not provide pain scales; no specifics regarding ADL's, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessments" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen therefore, this request is not medically necessary.