

Case Number:	CM14-0093138		
Date Assigned:	07/25/2014	Date of Injury:	10/10/2001
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 Rehabilitation & 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 39-year-old male with an injury date of 10/10/2001. According to the 04/21/2014 progress report, the patient complains of increasing pain and states he cannot lie on his left side. His lower back pain radiates down to the back of his left leg, and he states that his hips feel like "it is shifting due to the stiffness of his back." The patient also has numbness in his lower back, and the pain becomes dull and achy with cold. He rates his pain as a 6/10. Upon examination, there is increased spasm of the left paraspinous muscle, L4-L5 area, and bilateral tenderness of the L3-L5 paraspinous muscles, right SI joint tenderness, and a positive compression. Examination of the lumbar spine shows decreased range of motion. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Chronic intractable lumbar pain. 3. Lumbago. 4. Lumbar sprain. 5. Lumbosacral joint ligament sprain. 6. Spasm of muscle. The request is for Norco 10/325 mg quantity of #100. The Utilization Review determination being challenged is dated 05/29/2014. Treatment reports were provided from 07/29/2013 - 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, qty 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain;CRITERIA FOR USE OF OPIOIDS; Page(s): 60-61; 88-89.

Decision rationale: According to the 04/21/2014 progress report, the patient complains of lower back pain and back spasms. The request is for Norco 10/325 mg #100. The patient has been taking Norco as early as 07/29/2013. The 11/08/2013 report states, "He continues to have low back pain which is relieved with the Norco." The 01/20/2014 report indicates that the patient is unable to do ADLs without Norco. The 02/21/2014 report states, "Current medication regimen decreases his pain and allows him to stay active and perform ADLs. He is able to care for his kids and has improved quality of life with the medication." The 04/21/2014 reports says, "With medications, the patient states that his pain is well controlled." MTUS pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, as well as documentation of the 4 A's (analgesia, ADLs, adverse sideeffects, and adverse behavior). Documentation of pain, time it takes for medication to work, duration of pain relief is all also required. In this patient, the treater provides some ADL changes, but no numerical scales explaining pain reduction, no discussion regarding aberrant drug seeking behavior, no UDS's, and no pain assessment or outcome measures are provided. The request is not medically necessary.