

Case Number:	CM14-0145205		
Date Assigned:	09/12/2014	Date of Injury:	01/03/2001
Decision Date:	04/15/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 61-year-old male, with a reported date of injury of 01/03/2001. The diagnoses include lumbar herniated nucleus pulposus, lumbosacral degenerative disc disease, cauda equine syndrome, and spinal stenosis. Treatments included an electromyography test on 11/02/2012 and oral medications. The progress report dated 07/31/2014 indicates that the injured worker had continued pain and discomfort, which had worsened due to the lack of hydrocodone for breakthrough pain. The objective findings included positive bilateral straight leg raise test at 70 degrees, moderate lumbar spasm, and 20% decrease in horizontal torsion and lateral bend. The treating physician requested Norco 5/325mg #60, with one refill. The rationale for the request was not indicated. On 08/15/2014, Utilization Review (UR) denied the request for Norco 5/325mg #60, with one refill, noting that there was a lack of documented improvement in pain or function. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 07/31/14 progress report, the patient presents with continued pain and discomfort which had worsened due to the lack of hydrocodone for breakthrough pain. Per treater report, 06/19/14, the patient complains of continued back pain to the hips and legs with numbness, tingling and weakness in both legs. The request is for NORCO 5/325MG #60 WITH 1 REFILL. The patient's diagnoses, per RFA dated 04/01/14, included lumbar herniated nucleus pulposus, lumbosacral degenerative disc disease, cauda equine syndrome, and spinal stenosis. Patient's current medication includes Gabapentin, as the Norco has been denied. The patient is retired with permanent work restrictions. 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 a validated instrument." MTUS page 78 also requires documentation of the 4A'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. MTUS p90 states, 'Hydrocodone has a recommended maximum dose of 60mg/24hrs.' Norco has been included as the patient's medication per treater reports 01/02/14 through 07/31/14. Treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.