

Case Number:	CM14-0151205		
Date Assigned:	09/26/2014	Date of Injury:	04/23/2010
Decision Date:	01/30/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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:

28y/o female injured worker with date of injury 4/23/10 with related bilateral low back pain. Per progress report dated 12/5/14, the injured worker reported worsening low back pain with 50% reduction of lumbar range of motion. Per physical exam, there was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L2-S1 facet joints and bilateral sacroiliac joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally, except the straight leg raise was positive bilaterally. There was antalgic gait. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet by mouth three times per day as needed for pain, #90 with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the latest progress report dated 12/5/14, which was unavailable to the UR physician, it was noted that the mediation provides a 90% decrease of the injured worker's pain with 90% improvement of the injured worker's activities of daily living such as self-care and dressing. It is noted that the injured worker is on an up-to-date pain contract and that previous UDS was consistent. However, as the request for two month supply does not allow for timely reassessment of pain, the request is not medically necessary.