

Case Number:	CM14-0158052		
Date Assigned:	10/01/2014	Date of Injury:	10/26/2011
Decision Date:	01/29/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Rehab, 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 47 year old male with an injury date of 10/26/11. Per the 07/18/14 report, the patient presents with lower back pain radiating to the left lower extremity. Pain is rated 6 with medications and 8 without. Examination reveals tenderness in the lumbosacral spine and paraspinal muscles with normal but painful range of motion. There is radicular pain in the L4-L5 distribution. The patient's diagnoses include: 1. Myofascial sprain and strain of the lumbosacral spine 2. Degenerative disc disease of the lumbosacral spine 3. Lumbar radiculopathy 4. Lumbar spondylosis. The treater notes the patient is to continue with core muscle strengthening and stabilization, home exercise program and with Norco and Zanaflex. The utilization review being challenged is dated 09/12/14. Reports were provided from 02/27/13 to 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: The injured worker presents with lower back pain radiating to the left lower extremity. The current request is Norco 10/325mg #60 with 2 refills (Hydrocodone, an opioid) per 07/18/14 report. The 09/12/14 utilization review modified this request from 2 refills to 1 refill. The reports show the injured worker has been using this medication since at least 04/22/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. The reports provided do discuss analgesia through the routine use of pain scales. Reports provided from 04/22/13 to 07/18/14 show pain starts at 5-6/10 with medications and 7-8/10 without and vary little until the most recent report which rates pain at 6/10 with and 8/10 without. However, no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No Urine Toxicology reports are provided or discussed. Adverse side effects and behavior are not documented. There is no mention of CURES or pain contracts. Furthermore, no outcome measures are provided as required by MTUS. In this case, the 4A's have not been documented as required to support long-term opioid use. The request is not medically necessary.