

Case Number:	CM14-0168381		
Date Assigned:	12/15/2014	Date of Injury:	02/22/2007
Decision Date:	01/15/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 64 year old female with an injury date of 02/22/07. Based on the 06/19/14 progress report provided by treating physician, the patient complains of low back pain. Patient's gait is stooped. Physical examination revealed tenderness to palpation to the spinous processes and the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Patient's medications include Norco, Neurontin and Flexeril. Norco has been prescribed in progress reports dated 10/22/13 and 06/19/14. Patient is permanent and stationary. Diagnosis 06/19/14:- Spasm of the muscle.- Lumbar or lumbosacral disc degeneration.- Spinal stenosis of lumbar region with neurogenic claudication.- Lumbago.- Thoracic or lumbosacral neuritis or radiculitis, unspecified.- Radicular syndrome of lower limbs. The utilization review determination being challenged is dated 10/01/14. Treatment reports were provided from 10/22/13 - 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg with 2 refills: 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): 88 and 89, 78.

Decision rationale: 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. In this case, treater has not stated how Norco reduces pain and significantly improves her activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.