

Case Number:	CM14-0187388		
Date Assigned:	11/17/2014	Date of Injury:	10/01/2013
Decision Date:	01/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 32 year old male with a date of injury of 10/1/13. This injured worker is status post L5-S1 microdiscectomy on 1/9/14. The listed diagnoses are recurrent disc herniation at L5-S1 and post-operative right leg radiculopathy. According to progress report 10/13/14, the injured worker presents with lower back pain with intermittent numbness that radiates down the right posterior lower extremity. The pain is rated as 8/10 on VAS with medication and increases to a 10/10 without medication. The injured worker is utilizing Norco and Anaprox, which "makes his symptoms more tolerable and allows him to function at a higher status and participate in activities of daily living." Examination of the lumbar spine revealed decreased sensory over the right L3, L4 and L5 dermatome distribution. Range of motion was decreased on all planes. Straight leg raise is positive at 80 degrees on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Norco 10/325 Tablet mg: Upheld

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

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

Decision rationale: This injured worker presents with lower back pain with intermittent numbness that radiates down the right posterior lower extremity. The current request is for Continue Norco (10/325 tablet mg). 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 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. Review of the medical file indicates that the injured worker has been prescribed Norco since at least 10/13/14. The injured worker is temporarily totally disabled. The progress reports provide monthly before and after pain scales to denote a decrease in pain with current medications. At the conclusion of each report the treating physician notes "he continues to meet the Four A's of pain management including analgesia, no sign of aberrant behavior, increased ADL's and no adverse events. He does have a pain contract on file with our office..." In this case, the treater does not provide any specific functional improvement, or changes in ADL's as required by MTUS for opiate management. There has been no change in work status or return to work to show significant functional improvement. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request for Norco is not medically necessary.