

Case Number:	CM14-0188728		
Date Assigned:	11/19/2014	Date of Injury:	03/14/1992
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, 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 57 year old male with date of injury 03/14/92. The treating physician report date 9/18/14 indicates that the patient presents with lower back pain and spasms rated a 7-8/10 without meds and he is unable to move. With medications, pain levels are a 4/10 and his function and ADLs improve. The physical examination findings reveal stiff guarded posture, slow guarded range of motion, left leg strength is 3/5 and there is tenderness in the gluteal region. Prior treatment history includes TENS, muscle relaxants, a functional restoration program and pain medications. Despite the functional restoration program, the injured worker (IW) continued to use a significant amount of opioids with limited function. The current diagnoses are: 1.Lumbago2.Degen-Lumb/Lubodac Intervertebral Disc3.Lumbosac Spondylosis w/o myelopathy4.The utilization review report dated 10/27/14 denied the request for Norco based on failure to fulfill all of the criteria in CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with lower back pain and spasms. The current request is for Norco 10/325mg #210. The treating physician report states, "Continue with Norco 10/325mg q 4 hrs PRN #210 for pain." MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician has given pain scores with and without medication and has stated that the medications provide functional improvement. The medical reports provided failed to document adverse effects, and aberrant behavior as required by MTUS. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. The treating physician has not documented the full requirements for ongoing opioid usage per MTUS. The request is not medically necessary.