

Case Number:	CM14-0190758		
Date Assigned:	11/24/2014	Date of Injury:	09/25/2001
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pain Management, 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 63 year old male with an injury date of 09/25/01. Based on the 07/08/14 progress report, the patient complains of pain in his feet and his back. Straight leg raise causes back pain. The 08/05/14 report states that the patient continues to have constant back pain with bilateral foot numbness and tingling. The 09/02/14 report indicates that the patient has back spasms with radiating leg pain and burning. There is increased left leg pain with weakness. According to the 10/02/14 report, the patient presents with 10% increased chronic back pain, radiating left leg pain with increased numbness, tingling, and burning in his feet. He has occasional left foreleg pain. The patient rates his pain as a 6/10 with medications and an 8/10 without medications. There is decreased lordosis, mild scoliosis, and decreased light touch sensation as one moves from the foreleg into the feet. The patient is diagnosed with L5-S1 disc bulge with bilateral S1 radicular pain. He is retired and remains permanent and stationary as of 2001. The utilization review determination being challenged is dated 10/15/14. Treatment reports were provided from 01/16/14- 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Medication for chronic pain Page(s): 88-89, 78; 60-61.

Decision rationale: According to the 10/02/14 report, the patient presents with 10% increased chronic back pain, radiating left leg pain with increased numbness, tingling, and burning in his feet. The request is for Norco 10/325 quantity 120. The patient has been taking Norco as early as 01/16/14. The 01/16/14 report states that the patient is "unable to maintain normal function without the medications which have been well tolerated. He has shown no aberrant behavior using the medication." The 04/14/14 report states that the patient is able to "continue swimming 3 days a week." The 06/10/14 report indicates that "he has been compliant with taking the medications as prescribed. There have been no aberrant behaviors noted. The opiate medications and Tizanidine has allowed him to live independently and continue a home exercise program... Without the opiates, his pain is a 9/10; with it, it is low as a 4/10. The opiates allow him to live independently and exercise." The 07/08/14 report says that the "opiates reduce his 9/10 pain to a 6. The opiates allow him to swim daily, do housecleaning and drive." The 08/08/14 report indicates that "without opiates, his pain is an 8/10; with it, it is a 6/10 and allows him to exercise 3 days a week." The 10/02/14 report states that the patient's "pain is a 6/10 with medication and 8/10 without... He will continue daily swimming." For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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, the treater provides analgesia, ADL's and mentions that there are no side effects. However, no urine toxicology is provided, and no discussion regarding aberrant behavior, including CURES, pain contract, etc. Outcome measures as required by MTUS are also lacking. Given the lack of adequate documentation, the request is not medically necessary.