

Case Number:	CM14-0191328		
Date Assigned:	11/25/2014	Date of Injury:	12/28/2004
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 43 year old male with date of injury 12/28/04. The treating physician report dated 10/18/14 (286) indicates that the patient presents with pain affecting the low back on a scale of 8/10. The physical examination findings reveal uncomfortable limping, bilateral tenderness and spasms of the L3-5 paraspinal muscles and lower right back, decreased ROM of lumbar spine, and decreased sensory to pin-prick along the right lateral leg. Prior treatment history includes prescribed medications including OxyContin and Hydrocodone, epidurals, and a home exercise program. MRI findings reveal disk protrusion at L4-5. The current diagnoses are: 1. Lumbar radiculopathy 2. Lumbar degenerative disc disease. The utilization review report dated 11/6/14 denied the request for Norco #60 based on the request of Norco 2.5mg #90 already being certified in the same report. The request for Norco #60 did not specify an mg dose, but patient is currently taking Norco and Tramadol so an additional quantity of Norco was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting the low back. The current request is for Norco #60. The UR report notes a request for Norco 2.5/325 mg #90 and a request for Norco #60. A specific mg dose was not specified in UR report or in the treating physician's report. 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 treating physician report dated 10/18/14 notes that the patient's pain level drops from 8/10 to 7/10 when on current medications. Norco was listed as a current medication on a treating physician report dated 10/25/12 and it was noted that the patient stopped noticing any benefits in symptoms while taking the medication and his pain level remained at 10/10 regardless. No documented functional improvement was provided in the most current treating physician's report. There was no discussion or documentation of all 4 A's. In this case a request for Norco 2.5/325 mg was already certified in the same UR report dated 11/6/14. Since there is no specific mg dose mentioned in documents provided for the current request of Norco #60, there is no way to confirm that the request would satisfy MTUS guidelines for Norco dosing. The request is not medically necessary.