

Case Number:	CM14-0191946		
Date Assigned:	11/25/2014	Date of Injury:	03/04/2004
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
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 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 63 year old male with an injury date of 03/04/04. The reports are not very legible. As per 10/28/14 progress report, the patient complains of daily low back pain rated at 8/10 without medications and 3/10 with medications. The patient also suffers from a burning pain in the left leg rated at 8/10 without medications and 3/10 with them. In progress report dated 06/14/14, the treater states that the patient is "sleeping better" due to the medication. Current list of medications includes Norco and Neurontin, as per the same progress report. Diagnoses, 10/28/14:- Back and leg pain- Left L5-S1 radiculopathy- Left L5-S1 decreased sensationThe treater is requesting for one prescription of Norco 10/325 mg #70. The utilization review determination being challenged is dated 11/04/14. The rationale was "The submitted records indicate the continued presence of chronic pain for this patient with no specific evidence of significant and quantifiable subjective and functional improvement findings as a result of opioid therapy." Treatment reports were provided from 08/16/06 - 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88 and 89, 78, 60-61.

Decision rationale: The patient complains of low back and left leg pain rated at 8/10 without medications and 3/10 with medications, as per progress report dated 10/28/14. The request is for one prescription of Norco 10/325 mg #70. For chronic opioids use, California 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 available progress reports are not very legible. The medication is being prescribed at least since 04/03/14. The most recent report dated 10/28/14 states that the patient's low back pain is 8/10 without Norco and 3/10 with it. This is a significant change in pain scale. The report also states that the patient has "no side effects" and "no aberrant behavior." In progress report dated 06/14/14, the treater states that the medications help the patient sleep better and stay "active at home." In progress report dated 04/03/14, the treater states that the patient "Patient does ADL and lite [light] chores." While this medication may appear to be a reasonable choice, the progress reports do not reflect a specific increase in activities of daily living or a significant change before and after Norco use. Only general statements are used for ADL's. No validated instruments are used either to show significant functional improvements. There are no urine drug screens and [REDACTED] reports available to demonstrate compliance. The report lacks sufficient documentation regarding specific ADL's, adverse reactions, and aberrant behavior. The request is not medically necessary.