

Case Number:	CM14-0195760		
Date Assigned:	12/03/2014	Date of Injury:	07/20/2000
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 60-year-old male with an injury date of 07/20/00. Based on the 09/23/14 progress report, the patient complains of low back pain. The physician reported the patient was off work permanently on that same day. The date when he started medication is not reported. The progress reports of 02/26/14, 04/08/14 and 06/03/14, 08/18/11, 10/04/11, 10/18/11 state that the patient took Vicodin for pain. No UDS reports are included. There are no reports of imaging studies or surgeries. The patient's diagnosis per progress report of 09/23/14 is General Back Pain. The utilization review determination being challenged is dated 11/04/14. The rationale given was "Review of the current documents does not demonstrate any alteration of pain or symptoms with opioid medication use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60 with 2 refills: 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 Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain. The request is for Norco 5/325 mg #60, 2 refills. There are no reports of imaging studies or surgeries. 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. In this case, none of the 4 A's are addressed including analgesia with supportive before and after pain scales, and that the Norco results in analgesia during normal daily activity. No other specifics are provided demonstrating that Norco is significantly reducing pain and improving function. The patient's UDS's are not discussed. No other outcomes measures are discussed as required by MTUS. Given the lack of adequate documentation of the four A's, the requested Norco is not medically necessary.