

Case Number:	CM14-0205502		
Date Assigned:	12/17/2014	Date of Injury:	02/13/1987
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male with an injury date of 02/13/87. The 11/11/14 progress report states that the patient presents with lower back pain extending to both legs. The patient is to continue working. Examination reveals limited range of motion of the lumbar spine with seated straight leg raise 70 degrees on the right and 90 degrees on the left. The patient's diagnoses are listed as: 1. Lumbar region 2. Sciatica 3. Pain in limb. The patient is to continue conservative treatment. He has not been able to receive his medications. Medication is listed as: Norco. The utilization review is dated 12/03/14. Three treatment reports were provided for review from 05/14/14 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with lower back pain extending to both legs. The current request is for One prescription of Norco 10/325mg #180 (Hydrocodone, an opioid) per the 11/11/14 report and RFA. The 12/03/14 utilization review modified this request from #180 to #75. 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 reports provided show the patient has been prescribed Norco since at least 05/14/14. The treater states on 11/11/14 that the patient has been having difficulty in getting his medications. Norco is the only listed medication in the reports provided. The treater further states, "When he does not have medication he is not able to function and has to be down for days. He is worried about his quality of life not being able to do things due to his symptoms." However, this report also states that the patient is to continue working. This report further notes the patient is living with his residual symptoms. In this case, the treater notes medications help the patient; however, pain is not routinely assessed through the use of pain scales or a validated instrument. The reports appear to show the patient is working with medications. Opiate management issues are not addressed in the reports provided. The treater does state that the patient is in a pain management plan due to chronic pain; however, no UDS's are provided for review or discussed nor is CURES mentioned. There is no discussion of adverse side effects or adverse behavior. No outcome measures are provided. In this case, analgesia and opiate management have not been adequately documented to support long-term opioid use as required by MTUS. The request is not medically necessary.