MAXIMUS Federal Services

Case Number:	CM14-0205849		
Date Assigned:	12/17/2014	Date of Injury:	10/05/2009
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 & Rehabn

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 on 10/05/2009. Based on the 08/30/2014 progress report provided by the treating physician, the diagnosis is:1. Grade I Spondylolisthesis at L3-4 with Facet ArthropathyAccording to this report, the patient complains of "continues to have back pain and bilateral leg pain." Physical exam reveals a 2+ lumbar paraspinous muscle spasm and tenderness. Lumbar range of motion is slightly restricted. The treatment plan is to refill patient's Flexeril. The patient's work status is "working his usual and customary job without restrictions."The 5/27/2014 report indicates the patient has multiply left-sided L4-L5 and L5-S1 transforaminal epidural in 2012 to 2013 with 60-75% of pain reduction.There were no other significant findings noted on this report. The utilization review denied the request for Norco 10/325 # 60 on 11/24/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/24/2014 to 08/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 60: Upheld

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

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

Decision rationale: According to the 08/30/2014 report, this patient presents with "continues to have back pain and bilateral leg pain." The current request is for Norco 10/325 # 60. 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 reviewing the provided reports does not mention Norco usage and it is unknown exactly when the patient initially started taking this medication. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.