

Case Number:	CM14-0206512		
Date Assigned:	12/18/2014	Date of Injury:	08/11/2010
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 48-year-old male with an injury date of 08/11/2010. Based on the 06/16/2014 progress report, the patient complains of having neck pain and lower back pain which he describes as being aching, burning, and stabbing sensation. He has numbness in the right leg and limbs during the day, dragging the leg in the evening. He has aching pain across his neck and upper trapezius, numbness and aching in his left arm/hand. He rates his pain as a 6/10 without medications and a 4/10 with medications. He has not been sleeping well either. The 07/21/2014 report states that the patient has "increased pain in the low back and right leg." He rates his pain as a 7/10 without medications and a 4/10 with medications. He has altered sensation in the posterior left arm and lateral right hand along with digits 1 and 2 and he has decreased sensation along the lateral right leg and top of his right foot. Straight leg raise is positive on the right, tenderness over the cervical/lumbar paraspinals, limited lumbar range of motion, and ambulates with a slightly antalgic gait. The 11/17/2014 report states that the patient continues to have neck and low back pain. His neck pain radiates to the left scapula, he has numbness and tingling in the left second and third finger, and his low back pain radiates to the left lateral thigh. The patient's diagnoses include the following: Neck pain. Cervical discogenic pain. Left C7 radiculopathy on electrodiagnostic studies. Chronic low back pain. Lumbar discogenic pain. Right L4 and L5 radiculopathies. Right S1 chronic radiculitis. Cervical and lumbar myofascial pain. Chronic pain syndrome. The utilization review determination being challenged is dated 11/26/2014. There were 4 treatment reports provided from 04/28/2014 - 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ACET (Norco) 10/325 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with neck pain which radiates to the left scapula and low back pain which radiates to the left lateral thigh. The request is for hydrocodone/ACET (Norco) 10/325 mg #60. The utilization review denial letter did not provide a rationale as to why they denied this request. The patient has a positive straight leg raise on the right, tenderness over the cervical/lumbar paraspinals, limited lumbar range of motion, and ambulates with a slightly antalgic gait. He has been taking Norco as early as 04/28/2014. MTUS Guidelines pages 88 and 89 state, "Patient should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 76 also requires documentation of the 4 A's (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 04/28/2014 report states that the patient rates his pain as a 4/10 without medications and a 2/10 with medications. "He is able to continue to work full duty in a high-stressed job position." The 06/16/2014 report indicates that the patient rates his pain as a 6/10 without medications and a 4/10 with the medications and the 07/21/2014 report states that the patient rates his pain as a 7/10 without medications and a 4/10 with medications. The 11/17/2014 report indicates that the patient is "taking Norco, Soma, and trazodone with good benefit, no side effects. With medication, he is working full-time. The patient continues to feel that medications help control his pain and increase function. He feels that he can perform increased ADLs with his medications. They deny any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opiate agreement with our office. The patient agrees to receive opiates only from our office. The patient has chronic intractable pain. Chronic opiates are necessary for chronic intractable pain. The patient understands the risks and benefits of the medications. We have a CURES report from 11/13/2014, consistent with us being the only prescribers of his narcotic medication. We have a urine toxicology screen from 10/06/2014 consistent with medications being prescribed. We have an opiate agreement signed in the chart." In this case, all 4 A's were clearly addressed. The treating physician documents that the patient is working, with reduced pain due to opiate use. As of 06/16/2014, the patient rates his pain as a 6/10 without medications and a 4/10, showing significant analgesia. The patient does not have any adverse behaviors or side effects. The patient has a CURES report from 11/13/2014 on file. He also has a urine toxicology screen from 10/06/2014 which was consistent with the medications he was prescribed. The treating physician has documented the minimum requirements that are outlined in the MTUS Guidelines for continued opiate use. The requested Hydrocodone/ACET (Norco) is medically necessary.