

Case Number:	CM15-0000249		
Date Assigned:	01/09/2015	Date of Injury:	10/31/2002
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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 injured worker is a 57 year old male who sustained an industrial injury on October 31, 2002. He has reported low back pain with radiation into the right leg and foot and has been diagnosed with lumbar degenerative disease, right lumbar radiculopathy, and peripheral neuropathy. Treatment to date has included epidural injections with relief and pain medications. Currently the injured worker had been experiencing myofascial tenderness bilateral lumbar paraspinous and stiffness and discomfort with range of motion. The treating physicians treatment plan had included Ibuprofen, Norco, and nortriptyline. On December 3, 2014 Utilization Review modified Norco 10/325 mg # 168 noting MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 168: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain and right leg pain. The request is for NORCO 10/325 mg #168. The patient has been taking this medication as early as 02/04/2013. MTUS Guidelines, pages 88 through 89 state, "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 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 11/19/2014 report states, "The hydrocodone starts working in 15 minutes, lasts 4 hours, and reduces his low back pain from a 7-9/10 to a 4-5/10. With the medication, he is able to garden, go to the grocery store, and is able to care for himself when using the bathroom. Without the medication, he states he cannot garden, has to have someone go to the store for him, and has to use a shower to clean himself after using the restroom." Although the treater provides pain scales and addresses the patient's ADLs, not all 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any discussion regarding any adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contract, et cetera. No outcomes measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician does not provide the proper documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.