

Case Number:	CM15-0003824		
Date Assigned:	01/14/2015	Date of Injury:	09/13/2010
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii
 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 XX year old male with an industrial injury dated 09/13/2010. His/He diagnoses include status post L3-L4, L4-L5 and L5-S1 fusion, status post C4-C5-C6 arthrodesis, C3-C4 adjacent segment syndrome with spondylosis and left occipitocervical radicular symptoms, cervical tension headaches, and right shoulder bursitis. Recent diagnostic testing included a Ct myelogram showing a negative thoracic study. He has been treated with Norco 10/325 mg (6-8 tablets per day) for many months. In a progress note dated 12/17/2014, the treating physician reports neck pain rated 6/10 and low back pain rated 6/10 with radiating pain and numbness in both lower extremities despite treatment. The objective examination revealed decreased range of motion while standing, diminished heel to toe walking, decreased motor strength in the left lower extremity, and normal sensation. The treating physician is requesting Norco #240 which was denied by the utilization review. On 12/19/2014 Utilization Review non-certified a prescription for Norco 10/325mg #240, noting that the requested amount exceeds the monthly amount allowed. The MTUS was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with lower back and neck pain that are both 6/10. He also suffers from throbbing pain in the right dorsolateral thigh with constant numbness with pain in both the dorsolateral calves and numbness/tingling in the top of the left foot. The current request is for Norco 10/325mg #240. The treating physician states on 12/17/14 (21) I will request authorization for Norco 10/325 mg 1-2 tablets PO qid prn #240 with no refills. The clinical history provided offers no documentation of how long the patient has treated with Norco. However, the clinical history does provide a QME report which notes the patient has medicated with Norco since at least 6/17/14. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. For Chronic opiate use, the MTUS Guidelines pages 88 and 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 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, the current request is not supported by defined clinical history documenting the patient's 4A's (analgesia, ADLs, adverse side effects and adverse behavior) nor is there a documented pain assessment as required by MTUS. Therefore, recommendation is for denial.