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| Case Number: | CM15-0107512 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 03/04/2013 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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:

This 47 year old male sustained an industrial injury on 3/4/13. He subsequently reported back pain. Diagnoses include lumbar strain. Treatments to date include MRI and x-ray testing, injections, physical therapy, a back brace and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was tenderness over the L4-5 and L5-S1 levels. Sensory testing was normal. Straight leg raising caused low back pain at 25 degrees on the left, 45 degrees on the right. A request for Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines opioids Page(s): 78, 80-81, 124. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, page 115.

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

Decision rationale: The patient presents with diagnoses that include a lumbar strain, burst fracture of L2 vertebral body, severe central canal stenosis, additional non-displaced fractures through the pedicles bilateral lamina and base of the L2 spinous process and Grade I anterolisthesis on L5 and S1. The patient continues to complain of low back pain following his treatment in a skilled nursing facility, home health care and use of a TLSO brace that enabled the patient's recovery to where he now has a "normal gait pattern". The current request is for Norco 10-325mg #60. Based upon the Utilization Review (UR) dated 5/15/15 (6A) the request was modified from a count of #60 to a count of #50. The UR also noted "a UDS on 3/5/14 and 6/6/14 did not detect any Hydrocodone". In the 4/15/15 (6B) treating report the treating physician states, "We continue to wait to hear from [REDACTED] office who is the spine surgeon for scheduling". The report also notes, "The patient will return to modified work duties as of 4/15/15 with restrictions". For chronic opiate use, MTUS Guidelines 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 also requires documentation of the 4As (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 this case, there is no substantive discussion regarding ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines.