

Case Number:	CM15-0011115		
Date Assigned:	01/29/2015	Date of Injury:	12/24/2004
Decision Date:	04/21/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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 47 year old female, who sustained an industrial injury on 12/24/2004. The diagnoses have included chronic myoligamentous lumbar spine strain/sprain. Treatment to date has included medication. According to the progress report dated 12/9/2014, the injured worker complained of low back pain. The injured worker reported that Tylenol #3 was causing gastrointestinal irritation and nausea. She reported weight gain, trouble sleeping, heartburn, constipation, ease of bruising, stress and depression. The injured worker was taking Motrin and Norco for pain relief, which she found beneficial. Exam of the lumbar spine revealed tenderness to palpation of the lumbar paraspinous region. Authorization was requested for Norco 5/325mg. It was noted that she would be weaned down and off the medication following this prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official disability guidelines Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 47 year old patient complains of pain in the lower back, as per progress report dated 12/09/14. The request is for NORCO 5/325 mg THIRTY COUNT. The RFA for the case is dated 12/15/14, and the patient's date of injury is 12/24/04. The patient has been diagnosed with chronic myoligamentous lumbar spine sprain/strain. Medications included Norco and Motrin. In progress report dated 11/04/14, the patient rates the pain as 7-8/10, and also complains of numbness and weakness in bilateral legs. The progress reports do not document the patient's work status. 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 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 11/04/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/09/14, the treating physician states that medications are beneficial and do not produce any side effects. The physician also states that the "She will be weaned down and off medication following this prescription." The reports, however, do not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Norco use. No UDS or CURES reports are available for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.