

Case Number:	CM15-0013353		
Date Assigned:	02/02/2015	Date of Injury:	09/19/2005
Decision Date:	04/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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 66 year old male who sustained an industrial injury on 09/19/05. He reports lumbar pain and loss of range of motion. Diagnoses include sprains and strains of the lumbar region. Treatment to date includes medications. In a progress noted dated 12/11/14, the treating provider reports decreased pain and increase in functional capacity with pain medications. On 01/07/15, Utilization Review non-certified the request of Norco, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 5/325mg #60: 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 Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with lumbar spine pain. The treater is requesting 1 PRESCRIPTION OF NORCO 5/325 MG QUANTITY 60. The RFA dated 12/17/2014 shows a

request for Norco 5/325 mg quantity 60. The patient's date of injury is from 09/19/2005 and her current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 05/08/2014. The 12/11/2014 report notes, "the patient notes the following: reduction in analgesia at least 30% to 40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported side effects. Upon questioning of the patient, there is no suspicion of any aberrant behaviors." Aside from the statement, none of the reports document before and after pain scales to show analgesia. There are no specific ADLs to show improved functional capacity and the urine drug screen and CURES report were not provided for review. Given the lack of sufficient document showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined by the MTUS Guidelines. The request IS NOT medically necessary.