

Case Number:	CM15-0131417		
Date Assigned:	07/17/2015	Date of Injury:	10/18/2012
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 52-year-old male, who sustained an industrial injury on October 18, 2012. He reported injury to his low back. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and chronic pain syndrome. Treatment to date has included medications and diagnostic studies. On June 5, 2015, the injured worker complained of low back pain, left lower extremity pain and right lower extremity pain. The pain was rated as a 5 on a 0-10 pain scale. Relieving factors were reported to be medication and rest. The injured worker also complained of headache rated as a 4/10 on the pain scale. He stated that medications are less effective and wanted to increase his dose of medications. The treatment plan included medications, injection, consultation, functional restoration program and a follow-up visit. On June 12, 2015, Utilization Review non-certified the request for Norco 10-325 mg # 60, citing California 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 60, supply: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Criteria for use of Opioids Page(s): 76-78, 88-90, 80-81.

Decision rationale: Based on the 06/05/15 progress report provided by treating physician, the patient presents with low back and bilateral lower extremity pain rated 5/10. The request is for Norco 10/325mg quantity 60, supply: 30 days. RFA with the request not provided. Patient's diagnosis on 01/13/15 included herniated nucleus pulposus, L5-S1, with radiculopathy and chronic pain syndrome. Diagnosis on 06/05/15 included lumbar disc displacement without myelopathy. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/05/15 revealed tenderness to palpation over sacroiliac spine. Range of motion was limited, especially on extension 5 degrees. Lumbar facet loading positive bilaterally, and straight leg raise test positive on the right. Treatment to date has included imaging and electrodiagnostic studies, physical therapy, epidural steroid injection, acupuncture, chiropractic, home exercise program and medications. Patient's medications include Norco, Ambien, Morphine Sulfate and Omeprazole. The patient is temporarily totally disabled, per 06/05/15 report. Treatment reports were provided from 11/03/14 - 06/05/15. 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco has been included in patient's medications, per progress reports dated 11/03/14, 04/03/15, and 06/05/15. It is not known when Norco was initiated. Per 06/05/15 report, treater states that patient "feels his current pain medications are not providing adequate pain control and would like to increase dose of medications. Patient does not feel the current medication he is taking adequately addressing his pain needs and would like to try a different medication. Discontinuing morphine and increasing Norco to cover." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." UDS's dated 06/10/15 and 02/12/15 reported consistent results. However, there are no specific discussions regarding aberrant behavior, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, the MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.