

Case Number:	CM15-0132199		
Date Assigned:	07/20/2015	Date of Injury:	02/17/2004
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 61 year old male, who sustained an industrial injury on 02/17/2004. According to a progress report dated 05/22/2015, the injured worker presented for a pain management follow up. He reported that he was moving and noticed that he had increased pain in his low back. He was not sure if he wanted to change his medications. Normally the pain medications helped him by approximately 60-70 percent. He was retired but remained very active. He had no side effects with the pain medication. Diagnostic impression included lumbar degenerative disc disease, low back pain and lumbar radiculopathy. The provider noted that the injured worker took Norco 10/325 mg 1 tablet by mouth every 4-6 hours as needed for pain with 60-70 percent improvement in his pain level. However, due to packing and lifting boxes, his pain had increased. He walked a few miles a day. A CURES report was checked and consistent with medication. The treatment plan included Norco, continuation of home exercise program and walking and a follow up in 2 ½ months. The injured worker was permanent and stationary. Currently under review is the request for Norco 10/325 mg #180 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone/Acetaminophen (Norco) Page(s): 78, 91.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. MTUS guidelines states that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Norco is indicated for moderate to moderately severe pain. In this case, documentation did not discuss pain levels. There is no indication that the injured worker had moderate to moderately severe pain. The treating provider did not document current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.