

Case Number:	CM15-0139984		
Date Assigned:	07/29/2015	Date of Injury:	05/18/2013
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 37 year old female who sustained an industrial injury on 5-18-2013. While at work her foot slipped forward hyper-extending the structures at the posterior aspect of the left leg, left buttocks, and left lower back. She has reported injury to the low back, left hip, and left leg and has been diagnosed with chronic lumbar back pain and chronic left leg radicular symptoms. Treatment has included medications, medical imaging, and injection. Anteflexion of the trunk on the pelvis allowed for 45 degrees of flexion, extension was at 10 degrees. Rotation to the left was 20 degrees; to the right was 20 degrees. Lateral flexion to the left was 20 degrees; to the right was 20 degrees. There was left paralumbar tenderness L2-L4 with some left sacroiliac tenderness and left trochanteric tenderness. There was no lumbar spasm present. The treatment plan included Norco. The treatment request included Norco 5-325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 with no refills: Overturned

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

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

Decision rationale: The patient presents with diagnoses that include chronic lumbosacral pain and chronic left leg radicular symptoms. The patient currently complains of lower back pain, left leg pain and left hip pain and cramps in her left leg. The patient is not currently working. The current request is for Norco 5/325mg #120 with no refills. The treating physician states in the treating report dated 4/7/15, "I will give the patient a refill of Norco 5/325 mg" she gets pain relief and increased function with Norco." For chronic opiate use, 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 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, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The clinical history notes specifically that the patient obtains pain relief and significant improved functioning; there are no side effects. There is increased physical and psychological functioning. No abnormal behavior or noncompliance. No aberrant drug use. Additionally, a pain disability index dated 4/7/15 is detailed in the clinical history (36B). The current request is medically necessary.