

Case Number:	CM15-0142105		
Date Assigned:	07/31/2015	Date of Injury:	09/10/2013
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/22/2015

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 30 year old male patient who sustained an industrial injury on September 10, 2013. The worker was employed as a construction worker and recalled feeling a sharp immediate pain in the lower back while lifting and pulling a heavy load. He did not report the injury right away continuing work for another week taking pain pills to get through work days. He apparently was evaluated and treated with a course of physical therapy and injections. Eventually surgical intervention took place in 2014 sometime. An initial physical therapy session dated 06-08-2015 reported the patient with subjective complaint of severe back pain and associated right lower extremity pain at the back of the leg. The treating diagnoses were: sprain of lumbar, muscle weakness and chronic pain. Current medications were: Norco 10-325mg, Gabapentin, and Flexeril. A primary treating office visit dated January 16, 2015 reported discussion regarding the approved procedure. He continues with subjective complaint of disabling radicular pain down the right leg along with lumbar spine pain. There is numbness into the right foot. Of note he did undergo a course of physical therapy and injections without relief. The patient is to remain temporarily totally disabled. At a follow up on February 02, 2015 the patient is status post two weeks from a lumbar microdiscectomy, wound benign and sutures removed this visit. The radicular pain is resolved but the lumbar pain persists. There is mention that the patient had a low pain threshold while in the hospital and noted with difficult discharge due to the pain which puts post-operative therapy course on hold. The patient is encouraged strongly to ambulate a mile daily using the walker and continue with medications Vicodin 10-

325mg one tablet every four hours. There is discussion of addressing a course of physical therapy at the follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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 chronic back pain. The current request is for Norco 10/325mg #60. The treating physician states in the report dated 6/16/15, "I discussed tapering Norco with him, we will forgo from Norco 10/325mg 3 times per day to 2 per day". (35B) for chronic opiate use, the 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 4A's (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 has not documented if the patient has decreased pain, if the patient is able to perform ADLs, if the patient has not had any side effects to the medication, or if the patient has demonstrated any aberrant behaviors. The current request is not medically necessary.