

Case Number:	CM15-0148292		
Date Assigned:	08/11/2015	Date of Injury:	05/19/2009
Decision Date:	09/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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 53 year old male who sustained an industrial injury on 5-19-2009. He was hurt while mowing the lawn and falling on his right knee. He also fell backwards while taking out the trash causing injury to the back. He has reported lower back pain and has been diagnosed with lumbalgia-lumbar intervertebral disc status post-surgery, lumbosacral of thoracic neuritis or radiculitis, lumbar discogenic syndrome, and sacroiliac sprain strain. Treatment has included medications, physical therapy, medical imaging, surgery, and a home exercise program. Objective findings note the injured worker ambulated with a single point cane. The treatment plan included a prescription for Norco. The treatment request included Norco 5/325 #70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

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

Decision rationale: The medical records indicate that the patient has lower back pain and pain in both legs all the way to his feet. The current request is for Norco 5/325mg #70. In the report dated 6/11/15, page 818 (b), the attending physician indicates the Norco are medically necessary to deal with the patients ongoing pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is no documentation of the 4 A's. The most current report indicates the patient has level 7/10 pain on a numerical pain scale (NPS). Progress reports in February, March, April, and May also indicate the patient has a pain level of 7/10 on a NPS. There is no documentation of improved functional ability or return to work. There is also no documentation pertaining to adverse side effects or aberrant drug behaviors. There is no up to date urinary drug screen mentioned. The MTUS guidelines require much more thorough documentation for continued opioid usage. The available records do not establish medical necessity for the current request of Norco 5/325mg #70.