

Case Number:	CM15-0166130		
Date Assigned:	09/03/2015	Date of Injury:	05/29/2009
Decision Date:	10/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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 was a 71-year-old male, who sustained an industrial injury, May 29, 2009. The injured worker previously received the following treatments Norco, Soma, Zanaflex, Aspirin and single pointed cane for ambulation. The injured worker was diagnosed with lumbago, lumbar degenerative disc disease, and lumbar spine stenosis. According to progress note of July 16, 2015, the injured worker's chief complaint was lumbar spine pain. The injured worker continued to have benefit from current medication for chronic pain, which included Norco and Zanaflex. The injured worker rated the pain at 4 out of 10 with the use of pain medication. The physical exam noted decrease range of motion of the back due to pain. The range of motion against resistance caused pain in the left greater than the right leg. The injured worker ambulated slowly with slow left antalgic gait with the use of a single point cane. The left groin had pain and tenderness. There left lower extremity had weakness. The treatment plan included prescription refill for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #190: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for 1 prescription of Norco 10/325mg #190. The treating physician report dated 8/13/15 (278B) states, "He states continued benefit with use of his pain medications which allow him to remain functional and active with caring for his cat, microwaving his food, perform ADLs unassisted, performing light household chores, driving to his medical appts, as well as walking short distances." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 2/18/13 (56B). The report dated 8/13/15 notes that the patient's pain level is 3-4/10 while on current medication. No adverse effects or adverse behavior was noted by patient except for constipation. The patient's ADL's have improved such as the ability to care for his cat, cook, take care of his house, walk short distances, and drive to medical appointments. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.