MAXIMUS Federal Services

Case Number:	CM15-0167726		
Date Assigned:	09/08/2015	Date of Injury:	12/23/2009
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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 58 year old male who sustained an industrial injury on 12-23-09. Initial complains were not reviewed. The injured worker was diagnosed as having lumbalgia; lumbar spondylosis; congenital anomalies of the spine; degeneration of lumbar or lumbosacral intervertebral disc; obesity unspecified; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 dated 7-13-15 indicated the injured worker complains of back pain. The quality of his pain is documented as aching, dull, sharp and frequent in duration. He has had no new injuries. His current complaints report low back pain that is shooting to his left leg. He notes intermittent sharp pain with associated numbness in the mentioned areas and rates his pain 9 out of 10. This is not new but represents a continuation of his unusual pain. He reports he stopped taking Gabapentin as he felt weird on it. He continues his heavy equipment operator type work full time. On physical examination, the provider documents his lumbar spine range of motion is limited in all planes and painful. He has tenderness to palpation at the lumbar paraspinals with positive facet loading bilaterally. Patrick's test is negative bilaterally and his straight leg raise was negative bilaterally except causes back pain. He notes normal sensory examination in the bilateral lower extremities with motor 5 out of 5 but some give-way weakness. His reflexes are noted as normal in the bilateral patellae and Achilles with no atrophy or wasting. His gait is normal. The provider is requesting authorization of Norco 10/325mg, One orally four times a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, One PO QID #120: Upheld

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, criteria for use.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg, One PO QID #120. The treating physician report dated 7/13/15 (30B) states, "He rates pain 9/10. This is not new, but represents a continuation of his usual pain." A report dated 4/13/15 (6B) notes that the patient's pain level is an 8/10. 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 4/13/15 (7B). The report dated 7/13/15 (30B) notes that the patient's pain is 9/10 while on current medication. No adverse effects or aberrant behavior were discussed by the patient. The patient's last urine drug screen was not available for review or mentioned in the notes. In this case, all four of the required A’s are not addressed and functional improvement has not been documented. Furthermore, the patient's pain level has increased from an 8/10 during a visit on 4/13/15 to a 9/10 on 7/13/15. The current request is not medically necessary.