MAXIMUS Federal Services

Case Number:	CM15-0180590		
Date Assigned:	09/22/2015	Date of Injury:	06/06/2013
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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
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 42 year old male, who sustained an industrial injury on June 6, 2013, resulting in pain or injury to the neck, bilateral shoulders, and low back. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar spine surgery December 30, 2013, and status post right wrist-hand surgery November 25, 2013. On June 25, 2015, the injured worker reported constant low back pain rated as 9 out of 10 and constant right wrist pain rated 6 out of 10. The Secondary Treating Physician's report dated June 25, 2015, noted the injured worker reported no change in his symptoms. Physical examination was noted to show tenderness to palpation along the lumbar spine and tenderness and palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. Sensory examination of the lower extremities revealed decreased sensation to light touch over the L3 to S1 nerve root distribution along the left lower extremity. Previous treatments are noted to have included physical therapy, chiropractic treatments, lumbar spine surgery December 2013, and medication. The treatment plan was noted to include a prescription for Norco, noted to have been prescribed since at least December 15, 2014, and recommendation for continued home exercises as tolerated. On March 27, 2015, the injured worker reported constant low back pain rated 9 out of 10, and constant right wrist pain rated 7 out of 10. Pain without medications was noted to be 10 out of 10, decreased to 7 out of 10 with the use of medication. A urine drug screen (UDS) dated March 5, 2015, was noted to be inconsistent with the Hydrocodone provided. The request for authorization dated August 21, 2015, requested a follow up visit in 4-6 weeks qty: 1.00 and Norco 10/325mg #120. The Utilization Review (UR) dated August 28, 2015, certified the request for a follow up visit in 4-6 weeks qty: 1.00 and non-certified the request for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

Decision rationale: The current request is for Norco 10/325MG #120. The RFA is dated 08/21/15. Treatment history include lumbar spine surgery December 30, 2013, right wrist-hand surgery November 25, 2013, physical therapy, chiropractic treatments, and medications. The patient is not working. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 06/25/15, the patient presents with chronic low back and right wrist pain. Physical examination revealed tenderness to palpation along the lumbar spine and palpable spasms along the paravertebral muscles bilaterally. Sensory examination of the lower extremities revealed decreased sensation to light touch over the L3 to S1 nerve root distribution along the left lower extremity. Pain on average decreases from 8/10 to 4/10 with medications. The patient reports no side effects. The request is for a refill of Norco. The patient has been prescribed this medication since April 2014. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves the patient's activities of daily living. Furthermore, multiple UDS were inconsistent and the treater does not discuss these inconsistencies. There is no documentation of CURES or opioid contract either. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.