MAXIMUS Federal Services

Case Number:	CM15-0190719		
Date Assigned:	10/02/2015	Date of Injury:	06/28/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 43 year old female, who sustained an industrial injury on 6-28-14. The documentation on 8-25-15 noted that the injured worker has complaints of discomfort in her left sacroiliac, sacral, right sacroiliac, left pelvic, left buttock; right buttock; right pelvic; left posterior leg; left posterior knee; left calf; left ankle; left foot; left anterior knee; left shin; left ankle; left foot; lumbar; left; lumbar and right lumbar area. The injured worker rates her discomfort at a 8 on a scale of 10 pan scale. The worst is a 8 and its best is a 6. Lumbar range of motion flexion; extension; left lateral flexion; right lateral flexion; left rotation and right rotation is decreased. Kemp's test was positive bilaterally and Lesgue's test was positive on the left at 45 degrees. The diagnoses have included lumbar disc with radiculopathy. Treatment to date has included Norco and lumbar epidural steroid injection. Thoracic spine magnetic resonance imaging (MRI) on 3-17-15 showed no evidence of compression to the spinal cord. Lumbar spine magnetic resonance imaging (MRI) on 3-17-15 showed no evidence of compression to the cauda equine and mild spondylosis. Magnetic resonance imaging (MRI) of the brain on 3-18-15 showed unenhanced magnetic resonance imaging (MRI) of the brain. Lumbar spine computerized tomography (CT) scan on 3-17-15 showed L5-S1 (sacroiliac), 3-millimeter broad-based posterior disc protrusion effaces the ventral surface of the thecal sac resulting in mild to moderate bilateral neural foraminal narrowing; the central canal is adequately patent and bilateral exiting nerve root compromise is seen. The original utilization review (9-1-15) non-certified the request for Norco 10-325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 prescribed on 08/25/2015: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient presents with pain affecting the bilateral buttocks, low back, and left knee, ankle, foot, calf, and shin. The current request is for Norco 10/325mg #90 prescribed on 08/25/2015. The requesting treating physician reports dated 8/25/15 (60C) and 9/22/15 (B) provide no rationale for the current request. 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 3/27/15 (95C). The report dated 8/25/15 (61C) notes that the patient's current pain level is 6-8/10. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A’s are not addressed and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.