

Case Number:	CM15-0197346		
Date Assigned:	10/12/2015	Date of Injury:	01/21/2013
Decision Date:	11/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This injured worker is a 46 year old female who reported an industrial injury on 1-21-2013. Her diagnoses, and or impressions, were noted to include: cervical and lumbar spine sprain-strain; lumbar spondylolisthesis; right ankle sprain-strain, status-post right ankle surgery (2-17-14); and status-post left wrist fracture. Recent magnetic imaging studies of the lumbar spine were done on 6-3-2015, noting abnormal findings. Her treatments were noted to include medication management and a return to regular work duties. The orthopedic progress notes of 8-31-2015 reported a re-evaluation for complaints which included: radiating lower back pain down the right leg, with increased left back pain, aggravated by prolonged activity; of neck pain with headaches 2-4 x a week; that she took her medications and that her pain was a 4 out of 10 with medications and 6-7 out of 10 without, and noting an overall improvement in pain and function; and that she was not working. The objective findings were noted to include: decreased right grip strength; tenderness about the cervical spine, right lower lumbar spine, and left arm; positive straight leg raise with decreased sensation at lumbar 5 and decreased lumbar range-of-motion; and tenderness about the right ankle. The physician's request for treatments was noted to include Norco 10-325 mg, #100, with no refills. No request for authorization, following the 8-31-2015 progress notes, was note in the medical records provided. The Utilization Review of 9-11-2015 non-certified the request for Norco 10-325 mg, #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The patient presents with low back pain radiating down the right leg. The current request is for Norco 10/325mg #100. The treating physician's report dated 08/31/2015 (2B) states, "The patient is currently utilizing Ibuprofen three times per day for pain and inflammation. She uses Norco as-needed only and over-the-counter Excedrin for migraines. She denies any side effects from her medication." Overall, she is noting functional improvement and improvement in pain with her current medication regimen. On a scale of 1 to 10, the patient rates her pain at a 4 with the use of her medication and without pain medication, she rates her pain at a 6 to a 7. She notes improvement with activities of daily living with her current medication usage. On 8/31/2015, the patient was given a lab slip for a UDS to be completed before the next office visit. The 9/15/2015 progress report notes that the patient was not taking Norco because of denial. No urine drug screens were provided for review. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Medical records show that the patient was prescribed Norco prior to 07/29/2015. While the physician notes before and after pain scales to show analgesia, the physician does note improvement of ADLs to with medication. The physician did order a urine drug screen but this would have probably been denied because the Norco was denied. In this case, the physician has discuss all of the 4 A's required by the MTUS Guidelines for continued opiate use. The current request is medically necessary.