

Case Number:	CM15-0197368		
Date Assigned:	10/12/2015	Date of Injury:	09/20/2008
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
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:

The injured worker is a 48 year old female, who sustained an industrial injury on September 20, 2008, incurring low back injuries. She was diagnosed with lumbago and lumbar radiculopathy. Treatment included chiropractic sessions, physical therapy, pain medications, anti-inflammatory drugs, proton pump inhibitor, muscle relaxants and antidepressants. Currently, the injured worker complained of increased lower back pain, back stiffness, numbness in the left arm and hip pain. The lower, throbbing, burning aching back pain radiated into the right lower extremity. She rated the pain 5-7 out of 10 on a pain scale from 0 to 10. In September 2014, the injured worker was found to have lumbar disc disease with disc herniation. She complained of difficulty sleeping secondary to the chronic low back pain and hip pain. She noted that massage and rest improved her pain, and stretching, exercising and activities worsened the pain. The treatment plan that was requested for authorization October 7, 2015, included a prescription for Norco 10-325mg #250. On September 30, 2015, a request for a prescription for Norco was modified to a one-month supply for the purpose of weaning to discontinue the medication if possible by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg, #250, PO up to 9 per day: Overturned

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

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

Decision rationale: The patient presents with back pain, numbness in the left arm, right leg and hip pain. The current request is for Norco tab 10/325mg #250, PO up to 9 per day. The treating physician's report dated states, "Severity of condition is a 5 on a scale of 1-10 with 10 being worst. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 04/29/2015 the most recent was WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 90% improvement in pain. She is on the lowest effective dosing, she is well below the MED anticipated for his injury, and she has attempted to wean the medications with increased pain, suffering and decreased functional capacity. The patient is attempting gainful employment, and is retraining for this and continues with the medications which have increased her ability to participate in these activities for gainful employment and she has met the criterion for their use per MTUS ODG guidelines." 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. In this case, the physician has reported adequate pain relief with functional improvement. There is no documentation of any drug seeking behaviors and there are no side effects noted from the medication usage. The current request is medically necessary.