

Case Number:	CM15-0021326		
Date Assigned:	02/10/2015	Date of Injury:	07/25/2002
Decision Date:	04/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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 57 year old male who sustained an industrial injury on 07/26/2002. The mechanism of injury and complaints at the time of injury is not documented in the submitted records. He presented on 12/22/2014 with complaints of low back pain radiating down into the left leg with numbness, weakness and tingling down to the toes. Treatment to date includes referral to psychiatrist and urologist and pain medications. Urine drug screen performed on 06/27/2014 showed inconsistent results as the patient did not report the medication he had been prescribed by his psychiatrist. Otherwise, there were no significant abnormalities. The provider documents the injured worker is noting functional improvement and improvement in pain with his current medication regimen. Pain is rated as 9/10 with the use of medication and 10/10 without the use of medication. Physical exam revealed tenderness in the right lower lumbar spine and left buttock. There was soft tissue swelling in the left buttock. Diagnoses included status post pelvis fracture, revision with fixation pelvic fracture, removal hardware and revision with fixation pelvic fracture, sexual dysfunction and depression. The provider requested authorization for Norco and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 07/25/2002 and presents with low back pain that radiates down into the left leg with numbness, weakness, and tingling to the toes. The current request is for Norco 10/325 mg #60. The request for authorization is dated 12/22/2014. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects and aberrant behaviors. MTUS also requires 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. Review of the medical file indicates the patient has been utilizing Norco since 07/29/2014. According to progress report dated 08/26/2014, the patient rates his pain intensity as 8/10. The progress report dated 10/09/2014 notes that a UDS was done on this date for medication compliance. The patient was prescribed a refill of Norco. The progress report dated 12/22/2014 notes that the patient is taking Norco as needed and his intake varies depending upon pain level and varies from 2-4 per day. The patient denies any side effects from medication. It was noted the patient has "functional improvement and improvement of pain with his current medication regimen." He notes improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of his current medication usage. There is no adverse side effect noted with medications. In this case, the treating physician has provided adequate documentation addressing all the 4 A's, as required by MTUS for opiate management. The requested Norco IS medically necessary.

Baclofen 20mg #60 w/ 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Review of the medical file indicates the patient has been utilizing Norco since 07/29/2014. According to progress report dated 08/26/2014, the patient rates his pain intensity as 8/10. The progress report dated 10/09/2014 notes that a UDS was done on this date for medication compliance. The patient was prescribed a refill of Norco. The progress report dated 12/22/2014 notes that the patient is taking Norco as needed and his intake varies depending upon pain level and varies from 2-4 per day. The patient denies any side effects from medication. It was noted the patient has "functional improvement and improvement of pain with his current medication regimen." He notes improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of his current medication usage. There is no

adverse side effect noted with medications. In this case, the treating physician has provided adequate documentation addressing all the 4 A's, as required by MTUS for opiate management. The requested Norco IS medically necessary.