

Case Number:	CM15-0021882		
Date Assigned:	02/11/2015	Date of Injury:	08/13/2001
Decision Date:	03/31/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/05/2015

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 59 year old male who sustained an industrial related injury on 8/13/01. The injured worker had complaints of lower back pain that radiated to bilateral buttocks, lateral thighs, posterior thigh, lateral calf, and lateral foot. Left foot numbness was noted. Diagnoses included lumbar disc displacement, low back pain, lumbar radiculopathy, and post-laminectomy syndrome of the lumbar region. Treatment included ice/heat application, medications, and a spinal cord stimulator. Medications included Norco, Neurontin, and Fentanyl patches. The treating physician requested authorization for Norco 10/325mg #50. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had been on chronic opioid therapy for over two years which was unsupported in the absence of clinical evidence of quantified pain, functional improvement, or a return to work. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Norco 10/325mg #50. The treating physician states, "The patient is currently taking six Norco a day. Patient gets another script of Norco for #130 and pays for it himself. Pt states that he is now able to perform daily ADLs with medication. Pt states he is currently taking multiple medications. No ADVR. Pain level 5/10." (25A) For chronic opiate use, the MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has been able to perform ADLs and has not had any aberrant behaviors but did not provide before and after pain scales or document specific improvement in function or ADLs to satisfy the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.