

Case Number:	CM15-0027037		
Date Assigned:	02/19/2015	Date of Injury:	07/20/2011
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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 50 year old female, who sustained an industrial injury on 07/20/2011. The diagnoses have included lumbar sprain/strain, left lumbar radiculopathy, and lumbar disc protrusion. Noted treatments to date have included physical therapy, acupuncture, back support, and medications. Diagnostics to date have included MRI on 02/10/2014 which was suggestive of disc disease and a 4mm circumferential broad based disc protrusion at L4-5 resulting in mild bilateral neuroforaminal stenosis per progress note. In a progress note dated 01/23/2015, the injured worker presented with complaints of pain in her lower back radiating to her right leg. The treating physician reported the injured worker takes Naprosyn 1-2 per day and Norco for breakthrough pain 3 per day. Utilization Review determination on 02/04/2015 modified the request for Norco 5/325mg #60 to Norco 5/325mg #30 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 07/20/2011 and presented with persistent pain in her lower back radiating to her right leg. The request is for NORCO 5/325 mg 360. There is no RFA provided and the patient is to return to modified work on 01/23/2015. The patient has been taking Norco as early as 10/02/2014. MTUS guidelines, pages 88 and 89, 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, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, page 90, also continues to state that the maximum dose for hydrocodone is 60 mg per day. The 12/24/2014 report states that with Norco, the patient rates her pain as a 4/10, and without Norco, she rates it as a 9/10. On 01/23/2015, the patient indicates that, "Her pain meds alleviate her pain from 10/10 to a 3/10 and allows her to improve her level of function." Although the treater provides before-and-after pain scales with the use of Norco, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs demonstrating significant improvement, nor are there any discussions provided on adverse behaviors/side effects. There are no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician does not provide proper documentation that is required by MTUS guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.