

Case Number:	CM15-0027633		
Date Assigned:	02/20/2015	Date of Injury:	08/14/2013
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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 54 year old male, who sustained an industrial injury on 8/14/13. On 2/13/15, the injured worker submitted an application for IMR for review of Norco 5/325 MG #60. The treating provider has reported the injured worker complained of low back pain that radiates to the right leg. The diagnoses have included sciatica. Treatment to date has included physical therapy, chiropractic therapy, TENS unit, Sacral Iliac injection (7/15/14), epidural steroid injection (7/15/14) and medications, Lumbar Spine MRI (9/27/13). On 1/30/15, Utilization Review MODIFIED Norco 5/325 MG #60 to #40 for weaning. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain rated 8/10 which radiates into the right medial ankle. The patient's date of injury is 08/14/13. Patient is status post lumbar ESI at L3-L4, trigger point injections, and right sacroiliac joint steroid injection on 07/15/14. The request is for NORCO 5/325MG #60. The RFA is dated 01/22/15. Physical examination dated 01/22/15 reveals tenderness to palpation of the lumbosacral area, reduced range of motion, and otherwise unremarkable neurological examination to the bilateral lower extremities. The patient is currently prescribed Cyclobenzaprine, Norco, an unspecified muscle relaxer, and Gabapentin. Diagnostic imaging included lumbar MRI dated 09/27/13, significant findings include: "3mm protrusions at L4-5 and L5-S1." Per progress note dated 01/22/15, patient is advised to return to work with modified duties ASAP. 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 4As, 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. In regards to the request of Norco for the management of this patients intractable pain, treater has not provided adequate documentation of pain reduction and functional improvement to continue use. Progress notes provided indicate that this patient has been taking Norco since at least 05/01/14, though there is no documentation of pain relief or functional improvement attributed to this medication in the subsequent reports. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.