

Case Number:	CM15-0029596		
Date Assigned:	02/23/2015	Date of Injury:	08/21/2007
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 35 year old male, who sustained an industrial injury on 8/21/07. The documentation on 1/21/15 that the utilization review for 11/11/14 approved for 72 tablets of Norco of the 120 tablets requested and that the injured worker private paid for the remainder. The injured worker continues to have chronic low back pain, with radicular symptoms to his lower extremities. The diagnoses have included chronic low back pain; lumbar degenerative disc disease; lumbosacral radiculitis and pain-related depression. He had a lumbar rhizotomy 4/29/14. According to the utilization review performed on 1/30/15, the requested 1 prescription of Norco 10/325mg #120 has been modified to 1 prescription of Norco 10/325mg #60. California Chronic Pain Medical Treatment Guidelines (May 2009) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Overturned

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

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 presents with chronic low back pain with radicular symptoms to his lower extremities. The current request is for 1 PRESCRIPTION OF NORCO 10/325MG #120. For chronic opiate use, the MTUS guidelines pages 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 behavior. 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. The patient reports approximately 40% reduction in pain and increase in standing tolerance with using Norco. The patient's saliva screening on 2/28/14 was consistent with his medication regimen. The patient reports no adverse side effects. The treating physician has provided adequate documentation addressing the 4A's, as required by MTUS for opiate management. The requested Norco IS medically necessary.