

Case Number:	CM15-0029700		
Date Assigned:	02/23/2015	Date of Injury:	08/27/2012
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 42 year old male sustained an industrial injury on 8/27/12. He subsequently reports chronic low back pain. Diagnoses include lumbago, lumbar spondylosis and lumbar herniated nucleus pulposus. Treatments to date have included physical therapy, injections, chiropractic care, acupuncture, radiofrequency ablation and prescription pain medications. A prior MRI test revealed lumbar disc abnormalities. On 2/2/15, Utilization Review non-certified a request for Norco 5/325 mg #60. The Norco 5/325 mg #60 was denied based on MTUS Chronic Pain guidelines.

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 Opioids
Page(s): 74-96.

Decision rationale: The patient presents with lumbar spine pain. The current request is for Norco 5/325mg #60. The treating physician states, "He has slight pain to his lumbar spine (2/10) that is intermittent. He experiences soreness and stiffness to his lumbar spine. He denies any numbness to his feet. He denies any pain that radiates to his legs. Prolonged walking and sitting aggravates the pain to his lumbar spine." There is no further discussion with regards to the current request. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, there is no documentation provided indicating a reduction in pain, or any adverse behaviors or effects while on the medication. There is documentation that the IW is working which is the ultimate proof of function. However, the MTUS guidelines require much more documentation of the 4 A's than what was provided for this review. The current request is not medically necessary and the recommendation is for denial.