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| Case Number: | CM15-0211771 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 08/25/2003 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 61 year old, female who sustained a work related injury on 8-25-03. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 6-24-15 and 9-22-15, the injured worker reports constant, sharp, aching low back pain. She rates her pain a 7-8 out of 10. She reports physical therapy relieved her symptoms. On physical exam dated 9-22-15, she has tenderness of the lumbar spine. She has sacroiliac tenderness. FABER test is positive. She has decreased lumbar range of motion. She has positive straight leg raises with both legs. Treatments have included physical therapy, medications and use of a back brace. Current medications include Norco and Soma. She has been taking the Norco since at least March, 2015. The documentation does not support the decrease of pain levels or the improvement of functional capabilities. She is retired. The treatment plan includes a refill of Norco. In the Utilization Review dated 10-21-15 the requested treatment of Norco 10-325mg. #240 is modified to Norco 10-325mg. #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain rated 8/10. The request is for NORCO 10/325MG #240. The request for authorization form is not provided. The patient is status post multiple lumbar spinal procedures. Patient's diagnosis includes lumbago. Physical examination of the lumbosacral spine reveals no cutaneous lesions. There is an incision 8" L1-Sacrum. The lumbar spine is tender. There is spasm. There is sacroiliac joint tenderness. FABER test is positive. Lumbosacral spine range of motion is decreased. Straight leg raise is positive bilaterally. Lasegue's testing is positive bilaterally. Treatment to date has included physical therapy, medication, and braces. Diagnostic studies to date include x-rays, and MRI and surgery. The patient's medications include Norco and Soma. Per progress report dated 09/22/15, the patient is retired. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 03/03/15. MTUS requires appropriate discussion of the 4A's, and treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES report, or opioid contract is provided. In this case, the treater has not adequately discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.