

Case Number:	CM15-0212269		
Date Assigned:	11/02/2015	Date of Injury:	10/19/2010
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
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, 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:

The injured worker is a 56 year old male who sustained an industrial injury on 10-19-10. A review of the medical records indicates that the worker is undergoing treatment for hip pain-right, chronic pain syndrome, neck pain, lumbar radiculitis, degenerative disc disease-cervical, lumbar stenosis, lumbar degenerative disc disease, and cervical radiculitis. Subjective complaints (10-12-15) include aching and tingling pain in the head, neck, shoulders, low back, and right extremity, worse with bending, sitting, standing, walking, and lifting, pain (10-12-15 and 8-14-15) is rated 7 out of 10 without medications and 4 out of 10 with medications. With medications, he is able to help around the house, shower, help take care of his children, complete activities of daily living, and be more social-active. Objective findings (10-12-15) include a slightly antalgic gait, tenderness over cervical and lumbar paraspinals and facet joints, cervical range of motion is reduced in all planes, pain with lumbar flexion and extension, intact sensation in lower extremities but decreased over the right medial ankle, and a positive straight leg raise on the right. The physician reports clinical history, physical exam, imaging, and diagnostic studies suggest the pain is a combination of nociceptive pain and neuropathic pain. An opioid contract is noted as on file as well as no significant side effects or aberrant behavior. A urine toxicology screen (6-24-15) is reported as consistent with prescriptions. Work status is noted as not currently working. Previous treatment includes Pantoprazole, Hydrocodone-Acetaminophen (since at least 2-13-15), Docusate Sodium, Amitriptyline, Cyclobenzaprine, Gabapentin, ice, heat, home exercise program, acupuncture, transcutaneous electrical nerve stimulation (reported relief), injections-lumbar spine (reported pain relief for approximately 6 months), and surgery- cervical spine (4-17-14). The requested treatment of Norco 10-325mg quantity 120 was non- certified on 10-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325 mg Qty 120. The treating physician report dated 11/6/15 (5B) states, "His medications are helpful and well tolerated. He takes them as prescribed. The(y) decrease pain and increase function. He can complete ADLs with his medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 11/6/15 (5B) notes that the patient's pain has decreased from 7/10 to 4/10 while on current medication. No adverse effects or adverse behavior was noted by patient except for constipation, which is being treated with colace. The patient's ADL's have improved such as the ability to take care of his house, shower, and care for his children. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.