

Case Number:	CM15-0031517		
Date Assigned:	02/24/2015	Date of Injury:	01/24/2007
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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 47-year-old male, who sustained an industrial injury on 1/24/2007. The current diagnoses are lumbar spondylosis, lumbar radiculitis, and degenerative disc disease of the lumbar spine, chronic pain syndrome, low back pain, and lumbar disc pain. Currently, the injured worker complains of aching low back pain with burning type pain down his right leg. He reports continued muscle spasms. The pain is rated 4/10 with medications and 10/10 without. Current pain medications are Norco, Terocin, Soma, and Naprosyn. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles with related myofascial restrictions and muscle spasms. Sensation is diminished along the right L4 dermatome. Sciatic notches are painful to palpation bilaterally. Sacroiliac joints are tender to palpation bilaterally. There is trigger point pain at L4-5 and L5-S1. Straight leg raise test is positive on the right. According to the Utilization Review, treatment to date has included medications, physical therapy, and injections. The treating physician is requesting Norco 10/325mg #120, which is now under review. On 2/11/2015, Utilization Review had non-certified a request for Norco 10/325mg #120. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 02/02/14 progress report provided by treating physician, the patient presents with low back and right leg pain rated 4/10 with and 10/10 without medications. The request is for NORCO 10/325MG #120. Patient's diagnosis per Request for Authorization form dated 02/03/14 included low back pain. Patient's medications include Norco, Nucynta and Soma. The patient is continuing home exercise program and walking. The patient is permanent and stationary, per treater report dated 02/02/14. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was prescribed in treater reports dated 08/14/14, 12/04/14, and 02/02/15. Per progress report dated 02/02/15, treater states "the patient continues to feel that medications help control their pain and increase function. They feel that they can perform increased ADL's with their medications. They deny any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office." Urine toxicology was done on 01/02/15, which revealed results to be consistent with prescribed medications. CURES shows the patient is receiving pain medications only from the treating physician's office. In this case, treater has documented decrease in pain with numerical scales. Treater has addressed analgesia, adverse effects and aberrant behavior, to include UDS, CURES and opioid pain contract. However, there are no specific examples of activities of daily living, showing significant improvement in function. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.