

Case Number:	CM15-0031543		
Date Assigned:	02/24/2015	Date of Injury:	07/31/2005
Decision Date:	04/10/2015	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 65 year old male who sustained an industrial injury on 7/31/05. The injured worker reported symptoms in the back. The diagnoses included low back pain. Treatments to date include oral pain medication, physical therapy and activity modification. In a progress note dated 2/2/15 the treating provider noted the injured worker was with "paraspinal muscle tenderness (right)...decreased or painful forward flexion is demonstrated and patient arises abnormally." On 2/10/15, Utilization Review modified the request for Norco 10/325 milligrams #60 with 2 refills to Norco 10/325 milligrams #45 between 2/2/15 and 5/10/15. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-86.

Decision rationale: According to the 02/02/2015 report, this patient presents with low back pain. The current request is for Norco 10/325mg #60 with 2 refills. This medication was first mentioned in the 03/27/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 02/04/2015. The patient's work status is "continues work modifications unchanged." For chronic opiate use, 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 aberrant 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. According to the records made available for review, the treating physician indicates "the pain medication allows him to take care of his personal needs and most ADLs." Per the 01/23/2015 report, the patient "is doing better with Norco. Some days he doesn't take any other days he will take 1-2 or other times he has taken 3.5 total per day." The 10/25/2014 report indicate "pains pills have allowed him to do his HEP along with take care of his ADLs." In this case, the reports show documentation ADL's and functional improvement with the use of medication. However, there is no documentation of pain assessment using a numerical scale describing the patient's pain. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.