

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0034017 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 02/28/2003 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 2/28/2003. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, and spinal stenosis, lumbar region. Treatment to date has included conservative measures. Currently, the injured worker complains of low and mid back pain, rated 6/10. Current medications were noted to be 70% helpful. Exam of the lumbar spine noted decreased range of motion and tenderness. Treatment plan included medication refills. Current medication regime was not noted. Urine drug testing, 5/27/2014, was consistent with prescribed medications, which included Norco, Voltaren Gel, and Fentanyl patch. Radiographic imaging reports were not noted. On 1/23/2015, Utilization Review non-certified a prescription request for Norco 10/325mg #120, and a prescription request for Voltaren Gel 1% 100grams #3, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the most recent report dated 01/16/15 the patient presents with lower and mid back pain rated 6/10. The current request is for NORCO 10/325mg #120 "Hydrocodone, an opioid" per the 01/16/15 RFA. The patient is not working. 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. The reports provided for review show that the patient has been prescribed Hydrocodone since before 05/27/14. The treating physician routinely uses pain scales to assess pain which is rated 8/10 from 09/24/14 to 12/18/14 and 6/10 on 01/16/15. The reports state the patient's pain regimen decreases pain by 70% for medications, which include Norco, Fentanyl patch and Voltaren Gel. On 12/18/14, the treater notes that with medications, the patient's ability to sit is increased from 30 minutes to 1 hour 30 minutes and standing is increased to 2 hours from 30 minutes. However, no other specific ADL's are mentioned to show a significant improvement with this medication. The UDS report of 05/27/14 was consistent for prescribed medications and is included for review. Adverse behavior is not discussed. In this case, only one specific basic ADL ambulating is discussed with use of Norco. Lacking sufficient documentation of ADL's as required by the MTUS guidelines, the request IS NOT medically necessary.

Voltaren Gel100mg #3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the most recent report dated 01/16/15 the patient presents with lower and mid back pain rated 6/10. The current request is for NORCO 10/325mg #120 "Hydrocodone, an opioid" per the 01/16/15 RFA. The patient is not working. 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. The reports provided for review show that the patient has been prescribed Hydrocodone since before 05/27/14. The treating physician routinely uses pain scales to assess pain which is rated 8/10 from 09/24/14 to 12/18/14 and 6/10 on 01/16/15. The reports state the patient's pain regimen decreases pain by 70% for medications, which include Norco, Fentanyl patch and

Voltaren Gel. On 12/18/14, the treater notes that with medications, the patient's ability to sit is increased from 30 minutes to 1 hour 30 minutes and standing is increased to 2 hours from 30 minutes. However, no other specific ADL's are mentioned to show a significant improvement with this medication. The UDS report of 05/27/14 was consistent for prescribed medications and is included for review. Adverse behavior is not discussed. In this case, only one specific basic ADL ambulating is discussed with use of Norco. Lacking sufficient documentation of ADL's as required by the MTUS guidelines, the request IS NOT medically necessary.