

Case Number:	CM15-0034147		
Date Assigned:	02/27/2015	Date of Injury:	02/28/2005
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
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 34 year old female, who sustained an industrial injury on February 28, 2005. The diagnoses have included herniated nucleus pulposus of the lumbar spine, left hip capsulitis, chronic lumbar pain with radiculopathy, cervical sprain/strain with myofascial pain and chronic headaches. Treatment to date has included medication, physical therapy, acupuncture treatments and injection. The injured worker also had right shoulder surgery in 2008, left knee surgery times two in 2008 and 2010 and a left hip arthroscopic femoroplasty. Current documentation notes that the injured worker complained of low back pain radiating into the left lower extremity. Associated symptoms include weakness, numbness and tingling. Sensation was noted to be decreased in the left lumbar five-sacral one dermatomes. Physical examination revealed tenderness of the paraspinal muscles with spasms. On February 5, 2015 Utilization Review non-certified a request for Norco 10 mg # 15. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg, #15: 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, 88-89.

Decision rationale: The patient presents with pain in the cervical spine and the lumbar spine, radiating to the left lower extremity, rated 7/10. The request is for NORCO 10 MG # 15. Patient is status post right shoulder surgery 01/10/08 and two left knee surgeries, 02/22/08 and 06/09/10. Physical examination to the cervical and lumbar spines on 12/11/14 revealed spasms and tenderness to palpation to the paravertebral muscles with multiple trigger points. Decreased sensation was noted in the L5-S1 dermatome bilaterally, mainly on the left side. Patient's diagnosis per 12/11/14 progress report include acute flare-up of myofascial pain of cervical and lumbar spines, cervical sprain/strain and lumbosacral radiculopathy. Per 01/08/15 progress report, patient's medications include Norco, Zanaflex and Fiorinal. Patient is temporarily totally disabled. 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." Treater has not provided reason for the request. Patient was prescribed Norco on 09/12/14, 10/02/14 and 01/08/15. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD reports, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.