

Case Number:	CM15-0039807		
Date Assigned:	03/10/2015	Date of Injury:	08/25/2003
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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 69 year old male, who sustained an industrial injury on 08/25/2003. He has reported subsequent back pain and was diagnosed with post-laminectomy syndrome of the lumbar and cervical spine and myofascial pain. Treatment to date has included oral and topical pain medication, application of cold and pool therapy. In a progress note dated 01/02/2015, the injured worker complained of low back and bilateral lower extremity pain that was rated as 4/10. Objective findings were notable for marked tenderness of the lower lumbar spine and cervical spine with trigger points in the thoracic and lumbar paraspinal muscles and decreased range of motion in the lumbar and cervical spine. The physician noted that Norco was being requested for as needed pain relief.

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 80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: This patient has a date of injury of 08/25/03 and presents with low back pain and bilateral lower extremity pain as well as neck and shoulder pain. The patient's listed diagnoses are post laminectomy syndrome, lumbar and cervical spine. The current request is NORCO 10/325MG QTY 80. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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 patient has been utilizing Norco since at least 09/08/14. According to progress report dated 09/08/14, current pain medications control enough that he can maintain his household. Without them, he would not be able to do so. He denies any adverse side effects and has shown no aberrant behaviors. On 10/09/14, the patient reported that pain medication help increase his level of activity and he is able to care for himself and participate in family functions. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request IS medically necessary.