

Case Number:	CM15-0042211		
Date Assigned:	03/12/2015	Date of Injury:	06/06/1996
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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 58 year old male who sustained an industrial injury on 6/6/96. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having degeneration of intervertebral disc, cervical post-laminectomy syndrome, chronic pain syndrome and degeneration of lumbar intervertebral disc. Treatments to date have included oral pain medications, duragesic patch and home exercise program. Currently, the injured worker complains of neck and back pain with radiation to the lower extremities including numbness. The plan of care was for medication refill and continued daily exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 unrated neck and lower back pain, increased edema to the bilateral lower extremities. The patient's date of injury is 06/06/96. Patient is status post cervical laminectomy and fusion at a date unspecified. The request is for NORCO 10/325MG #90. The RFA was not provided. Progress notes dated 03/04/15, 02/06/15, and 01/06/15 do not include any pertinent physical findings, only a review of systems, gross presentation, and medications. The patient is currently prescribed Baclofen, Duragesic, Fioricet, Lasix, Lorazepam, Mucinex, Norco, Topamax, and Tramadol. Diagnostic imaging was not included. Patient is currently 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 4A's -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. In regard to the request of Norco for the management of this patient's intractable pain, the request appears reasonable. Progress note dated 02/06/15 documents a 50 percent reduction in this patient's pain specifically attributed to this medication. It is also noted that through the use of this medication the patient is able to tolerate physical therapy and go on short walks. The same progress note documents a lack of aberrant behaviors and discusses urine drug screen consistency, though none of the reports were provided. Additionally, progress note 03/04/15 notes that the treater is conducting a weaning of this patient's opioid analgesics, starting with a reduction in Duragesic patch dosage from 50MCG to 25MCG effective immediately. The documentation of 4A's in combination with a stated plan to conduct weaning satisfies MTUS requirements. Therefore, the request IS medically necessary.