

Case Number:	CM15-0043478		
Date Assigned:	03/13/2015	Date of Injury:	01/05/2007
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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 53 year old female who sustained an industrial injury on January 5, 2007. She has reported low back pain, bilateral wrists, and left knee pain and has been diagnosed with lumbar spine sprain/strain with lumbar disc protrusion, degenerative disc disease, and degenerative spondylosis, bilateral lower extremity radicular symptoms, left greater than right, status post bilateral carpal tunnel release and left trigger thumb, and left knee internal derangement. Treatment has included medication, epidural steroid injection, and spinal cord stimulator. Currently the injured worker complains of pain centered to the low back which radiated into the left lower extremity. She was also symptomatic with pain to both wrists secondary to carpal tunnel syndrome. There was also pain to the left knee with numbness and tingling in the bilateral upper extremities and left lower extremity. The treatment request included Norco 10/325 mg tabs # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tabs #150: Upheld

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 low back pain, radiating into the left lower extremity, and left knee pain. The request is for Norco 10/325 Mg Tabs # 150. Physical examination to the lumbar spine on 12/15/14 revealed tenderness to palpation to the bilateral paraspinals with spasm. Range of motion was decreased in all planes. Straight leg raising test was positive on the left at 30 degrees. Physical examination to the left knee revealed tenderness to palpation over the medial and lateral joint line. Patient has had a series of lumbar ESIs with 50-75% improvement in pain. UDS test results were consistent with patient's medications. Patient's diagnosis, per 01/26/15 progress report include status post op bilat ctr (lt-2008; rt: 2010), status post op lt trigger thumb release (12/7/09), depression, l/s sprain/strain with intermittent radiculopathy, and urological problems. Patient's medications, per 02/04/15 progress report include Norco, Ibuprofen, Omeprazole, Diazepam, Lidocaine Patches, Voltaren Gel, Laxacin, and Promethazine. 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 does not discuss this request. Patient has received prescriptions for Norco from 07/28/14 and 02/04/15. UDS test results were consistent with patient's medications. In this case, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No opioid pain contracts were provided either. Given the lack of documentation as required by MTUS, the request is not medically necessary.