

Case Number:	CM15-0046716		
Date Assigned:	03/18/2015	Date of Injury:	12/27/2004
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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 44 year old male, who sustained an industrial injury on 12/27/2004. Diagnoses include left lumbar radiculopathy new onset since March 2013 and status post lumbar fusion on 10/23/2008 at L4-S1 and fusion on 3/04/2009 at L3 and L4. Treatment to date has included diagnostics, surgical intervention, home exercises, ice and medications. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported low back pain with radiation to the left leg. Physical examination revealed a mildly antalgic gait due to low back pain and left leg pain. There is a healed surgical scar on the lumbar spine. There is moderate muscle spasm upon palpation more on the left than the right with decreased range of motion. Straight leg raise test is positive to the left at 80 degrees and negative to the right. His disability status is permanent and stationary. The plan of care included Norco 10/325mg, Ibuprofen 800mg, and use of an H-wave unit during flare ups, laboratory evaluation and follow up. Authorization was requested on 3/04/2015 for Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #30: 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: This patient presents with lumbar spine pain with radiation to the left leg. The request is for NORCO 10/325mg #30 on 02/13/15 per utilization review letter dated 02/26/15. The request was certified by the utilization review letter dated 02/26/15 with modification to Norco 10/325mg #8. The work status is permanent and stationary as of 06/25/09. 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 starting date of NORCO is unknown but review of reports show the patient has been taking this medication as early as 01/09/14. Per 02/03/15 report, the treater stated, "The medication has allowed him to remain functional." Per 01/06/15 report, the pain level is at 3/10. On 02/03/15 report, the pain level as at 0/10 and the patient reports that the pain increases with activity. On the same report, the treater noted that patient will decrease Norco from #60/month to #30 and less, down to just a couple of tablets per week. It would appear that the patient is taking less and less Norco with some benefit and gradual reduction of pain. The request for #30 Norco IS medically necessary.