

Case Number:	CM15-0047696		
Date Assigned:	03/19/2015	Date of Injury:	10/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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 52 year old female, who sustained an industrial injury on 10/15/2013 reporting low back pain after a fall. On provider visit dated 12/22/2014 the injured worker has reported constant low back pain along with right elbow and shoulder pain. On examination, she was noted to have spasm and tenderness of the lumbar spine was noted with a decreased range of motion and antalgic gait. The diagnoses have included lumbar disc herniation, lumbar radiculopathy, right elbow and shoulder tendinitis. Treatment to date has included injections and medication Anaprox and Norco. The provider refilled the prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 76-78; 91; 78-80; 124.

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 constant low back pain along with right elbow and shoulder pain rated 6/10 with medication. The request is for Norco 10/325 mg quantity 30 with five refills. The RFA is not provided. Patient's diagnosis included lumbar disc herniation, lumbar radiculopathy, right elbow and shoulder tendinitis. The reports do not reflect whether or not the patient is working. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. Per review of the medical records, it is not known when the patient has initiated opioid therapy. Per the progress report dated 02/16/15, the patient notes the following: Reduction in analgesia at least 30-40%, improved functional capacity with activities of daily living, self-grooming, and chores around the house, there are no significant reported adverse side effects, there is no suspicion of any aberrant behavior. In this case, although ADL's are discussed, it is not known why the patient would not be able to self-groom, do chores around the house even without the opiate which is prescribed just one pill per day. It is difficult to tell whether or not significant functional improvement has been achieved with opiates. Furthermore, no opiate monitoring has been provided such as UDS and CURES. Therefore, the request IS NOT medically necessary.