

Case Number:	CM15-0047799		
Date Assigned:	03/19/2015	Date of Injury:	01/05/2007
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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:

This 34-year-old male sustained an industrial injury to the back on 1/5/07. Previous treatment included lumbar laminectomy and discectomy, magnetic resonance imaging, electromyography, transcutaneous electrical nerve stimulator unit, physical therapy, epidural steroid injections, acupuncture and medications. In a PR-2 dated 2/20/15, the injured worker reported a decrease in the intensity of back pain, which he attributed to new medication. The injured worker reported low back pain 5/10 on the visual analog scale with radiation to the right leg, knee, groin and testicle. Electromyography/nerve conduction velocity test (2/9/15) showed S1 radiculopathy. Current diagnoses included lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy and lumbar stenosis. The treatment plan included chiropractic therapy twice a week for 4 weeks and medications (Neurontin, Relafen and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #120, 1 tab q4-6h prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Hydrocodone Page(s): 91-94.

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 back pain, rated 8-9/10 without and 5/10 with medication with radiation to the right leg, knee, groin and testicle. The request is for NORCO TAB 10-325MG #120, 1 TAB Q4-6H PRN. The RFA provided is dated 01/22/15. Electromyography/nerve conduction velocity test on 02/09/15 showed S1 radiculopathy. Current diagnosis included lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy and lumbar stenosis. The patient is permanent and stationary. 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. The prescription for Norco was first mentioned in the progress report dated 01/08/14 and the patient has been taking it since at least then. The last UDT reported was administered on 03/04/14, which was inconsistent with the prescribed medication, not detected. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. Although analgesia is addressed via a reported pain scale, the 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4 A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.