

Case Number:	CM15-0048057		
Date Assigned:	03/20/2015	Date of Injury:	08/11/2006
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
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 60-year-old male, who sustained an industrial injury on 08/11/2006. The injured worker has reported back pain. On provider visit dated 02/11/2015, his current complaints were burning pain, numbness and paresthesia which have been more severe since medication changes and more muscle spasm in legs and feet as well. On examination, he was noted to have increased thoracolumbar myofascial tenderness and spasm and unable to sit due to increase back and leg pain the diagnoses have included thoracic neuroforaminal stenosis with radiculopathy, spondylolisthesis and bilateral L5 radiculopathy. Treatment to date has included lumbosacral spine MRI and pain medication. The provider prescribed pain medication Norco and other medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 gm Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The 60-year-old patient suffers from burning pain, and numbness/paraesthesia in the thoracolumbar region along with muscle spasms in his legs and feet, as per progress report dated 02/11/15. The request is for Norco 10/325 gm QTY: 90. There is no RFA for this case, and the patient's date of injury is 08/11/06. Diagnoses, as per progress report dated 02/11/15, included thoracic neural foraminal stenosis with radiculopathy, spondylolisthesis, L1 vertebral body collapse with kyphotic angle, and bilateral L5 radiculopathy. Medications included Lyrica, Norco and Tizadine. None of the progress reports document the patient's work status. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is only noted in progress report dated 02/11/15. In the prior reports, the treating physician recommends continuation of medications but does not include a list. There is no documentation of reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Norco use. No UDS or CURES reports are available for review and the treating physician does not list the side effects associated with Norco in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.