

Case Number:	CM15-0048485		
Date Assigned:	03/20/2015	Date of Injury:	09/01/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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 38 year old female who sustained an industrial injury on 9/1/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having moderate facet arthropathy, disc degeneration L3-4 and L4-5 with mild disc height loss and chronic intractable pain. Treatments to date have included oral pain medication. Currently, the injured worker complains of lower back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325gm #120: 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, 88-90.

Decision rationale: Based on the 02/12/15 progress report provided by treating physician, the patient presents with low back and right thigh pain rated 7/10 with and 8.5 without medication.

The request is for NORCO 10/325GM #120. Patient's diagnosis per Request for Authorization form dated 02/12/15 includes moderate facet arthropathy L3-4, L4-5 and L5-S1, disc degeneration L3-4 and L4-5 with mild disc height loss, and chronic intractable pain. Treatment to date included chiropractic, medications and MRI studies. Patient's medications include Norco, Cyclobenzaprine, Gralise, Abilify, Flector patch, Trazodone and Prozac. Patient is temporarily totally disabled, per treater report dated 02/12/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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." Norco has been included in patient's medications per treater reports dated 09/10/14, 12/05/14 and 02/12/15. Per progress report dated 10/22/14, treater states the patient "will continue with her medications and her medications are consistent with her urine drug screen performed on her last evaluation." In this case, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with numerical scales showing 1.5/10 improvement, which is not significant. There are no discussions on aberrant behavior, adverse effects, ADL's, etc. No return to work or change in work status, either. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.