MAXIMUS Federal Services

Case Number:	CM15-0048801		
Date Assigned:	03/20/2015	Date of Injury:	07/13/2005
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 53-year-old female, who sustained an industrial injury on 7/13/2005. She reported slipping and falling with immediate discomfort of her entire body. Diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy and lumbar spondylosis. Treatment to date has included medication. According to the progress report dated 2/3/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities to the feet with numbness. She was using six tablets of Norco a day due to severe low back pain. Physical exam revealed numbness in legs, decreased sensation, paraspinal tenderness and decreased range of motion in the lumbar spine. The treatment plan was to renew medications. The requested treatment is Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90, 1 tablet every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Hydrocodone and 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 has a date of injury of 07/13/05 and presents with low back pain, that radiates to the bilateral extremities with numbness. The current request is for NORCO 10/325MG QTY 90 one TABLET EVERY 8HRS AS NEEDED. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the four A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing Norco since at least 09/16/14. According to progress report dated 10/14/14, the patient reports that her pain interferes with her daily chores and ADL activities; however, with Norco she is "able to tolerate pain well." Report dated 11/11/14 notes that without medications her pain is sharp and severe. She is using Morphine ER to reduce pain throughout the day and Norco for break through pain. There is no further discussion regarding this medication. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, several inconsistent urine drug screens are not addressed. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.