

Case Number:	CM15-0050419		
Date Assigned:	03/23/2015	Date of Injury:	05/29/2013
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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 37 year old male, who sustained an industrial injury on May 29, 2013. He has reported hip pain, knee pain, leg pain, and lower back pain. Diagnoses have included pelvic fracture, lumbago, displacement of lumbar intervertebral disc, left knee strain/sprain, and inguinal hernia. Treatment to date has included medications, acupuncture, hernia repair, physical therapy, chiropractic treatment, and imaging studies. A progress note dated March 4, 2015 indicates a chief complaint of lower back pain radiating to the right leg with numbness and tingling, and left knee pain with numbness, tingling and cramping that radiates to the ankle. The treating physician documented a plan of care that included medications and review of pending electromyogram/nerve conduction velocity study report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 Take 1 tablet every 6 to 8 hours as needed for pain: 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 treater report dated 03/04/15, the patient presents with lower back pain rated 9/10 radiating to the right leg, and left knee pain rated 7/10. The request is for NORCO 5/325MG TAKE 1 TABLET EVERY 6 TO 8 HOURS AS NEEDED FOR PAIN. Per RFA dated 03/04/15, the diagnosis is displaced lumbar intervertebral disc without myelopathy, inguinal hernia, sprain of unspecified site of knee and leg. Physical examination to the lumbar spine on 03/04/15 revealed tenderness to palpation over the L5-S1 spinous processes and limited range of motion, especially on flexion and extension. Straight leg raise test caused pain. Examination of the left knee on 03/04/15 revealed tenderness to palpation of the anterior knee. Examination of the inguinal area on 03/04/15 revealed tenderness to palpation of bilateral inguinal, consistent with inguinal hernia. Per treater report dated 03/04/15, treatments include acupuncture, physical therapy, leg brace and medication. Current medications include Norco, Flector patch, Gabapentin, Amitriptyline, Bupivacaine, Flurbiprofen, Baclofen, and Dexamethasone. Per progress report dated 02/23/15 patient is permanent and stationary. 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." Norco has been included in patient's medications per treater reports dated 01/21/14 and 03/04/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales addressing analgesia. Per progress report dated 01/21/15, treater states "Drug screening monitoring to continue while medications are prescribed no less frequently than monthly," but no discussion on aberrant behavior, opioid pain agreement or CURES reports. There are no specific discussions regarding adverse reactions, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.