

Case Number:	CM15-0055239		
Date Assigned:	03/30/2015	Date of Injury:	11/26/2012
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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 45-year-old female, who sustained an industrial injury on 11/26/2012. She reported sharp pain running down her left side and was diagnosed with bilateral latissimus dorsi muscle strain. The injured worker is currently diagnosed as having chronic lumbar back pain and chronic bilateral lower extremity radicular symptoms. Treatment to date has included acupuncture, physical therapy, lumbar epidural steroid injection, and medications. In a progress note dated 01/20/2015, the injured worker presented with complaints of continued lower back pain and pain in both legs. The treating physician reported requesting authorization for Norco, stating that the injured worker obtains pain relief and improved functioning from the Norco without significant side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for NORCO 10/325MG QTY: 120.00. The request for authorization is dated 02/17/15. The patient is status-post L4-L5 lumbar epidural steroid injection, date unspecified, without significant improvement. MRI of the lumbar spine, 04/26/13, shows a far left lateral 3mm disc protrusion at L2-L3 and a right subarticular annular tear at L4-L5 with neuroforaminal stenosis. There is some paralumbar tenderness from L1 to L5-S1 with slight spasm. Chronic bilateral lower extremity radicular symptoms. Anxiety related to her lower back pain. The patient is working modified duty. 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, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 02/17/15, treater's reason for the request is "The patient obtains pain relief and improved functioning from the Norco taken for pain. The patient is not having significant side effects from the medication. The patient has increased physical and psychosocial functioning because of taking this opiate medication. There is no evidence of any abnormal behavior or noncompliance with medications. The patient has no aberrant drug taking behavior noted. There is no evidence of doctor shopping, uncontrolled drug escalation or drug diversion. The goal for treatment is increased functional ability and decreased pain for the patient. The patient has a signed pain management agreement on file. The patient is prescribed Norco since at least 10/09/14. MTUS requires appropriate discussion of the 4A's, and treater documents the absence of adverse effects and aberrant drug behavior with use of Norco. Analgesia is discussed with the patient obtaining pain relief along with a completed pain disability index and rating scales showing improvements in family/home responsibilities, recreation, social activities, occupation, sexual behavior, and self-care and life support activities. In addition, an updated signed pain management agreement was provided. Therefore, the request IS medically necessary.