

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0056387 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 01/27/2011 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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 1/27/2011. Diagnoses include facet arthropathy of the lumbar spine, grade 1 anterolisthesis L5-S1, herniated nucleus pulposus (HNP) lumbar spine with neural foraminal narrowing at L2-3, L4-5 and L5-S1, and degenerative disc disease of the lumbar spine. Treatment to date has included injections, acupuncture, home exercise, medications and diagnostics including magnetic resonance imaging (MRI) and electro diagnostic testing. Per the Primary Treating Physician's Progress Report dated 2/04/2015, the injured worker reported aching in her low back with occasional radiation into her bilateral lower extremities. She reports occasional numbness in her bilateral feet. She rates her pain as 3/10. She also notes aching pain in the posterior aspect of her left calf. Physical examination revealed a normal nonantalgic gait. The midline surgical site is clean, dry and intact with no signs of infection or any other complications. There was slight tenderness to palpation of the lumbar and mid-spine and on the lumbar paraspinals on the right side. Work status is permanent and stationary. The plan of care included medications and authorization was requested for Norco 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going Management Page(s): 94-95.

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 and left lower extremity pain. The physician is requesting Norco 7.5/325 Mg Quantity 90. The RFA dated 02/04/2015 shows a request for quantity 120 Norco 7.5/325 mg 1 tablet p.o. b.i.d. t.i.d. The patient's date of injury is from 01/27/2011, and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 09/09/2014. The 02/04/2015 report notes that the patient's current pain level is at 3/10. The patient states that she is able to increase activities with Norco. The physician references a urine drug screen from 07/23/2014 that showed inconsistent results. None of the reports provide before-and-after pain scales to show analgesia. There are no specific discussions about activities of daily living. There are no side effects reported. And the UDS from 07/23/2014 show inconsistent results. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request Is Not medically necessary.