MAXIMUS Federal Services

Case Number:	CM15-0060610		
Date Assigned:	04/06/2015	Date of Injury:	12/30/2013
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 47 year old female, who sustained an industrial injury on December 30, 2013. She has reported foot pain and back pain. Diagnoses have included chronic strain/sprain of the right foot, and compensatory lower back pain with vertebral fractures at the thoracolumbar level. Treatment to date has included medications, use of a cane, imaging studies, and diagnostic testing. A progress note dated March 2, 2015 indicates a chief complaint of lower back pain radiating to the bilateral feet. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 was injured on 12/30/13 and presents with aching pain in the lower lumbar spine with burning, stabbing, and numbness in the bilateral feet. The request is for NORCO 10/325 MG #90. The RFA is dated 03/13/15 and the patient is not working for 6 weeks, as of the 03/02/15 report. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management 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 page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. On 10/06/14 and 03/02/15, the patient rated her pain as a 5/10 with rest and a 10/10 with activity. There are no other discussions provided regarding how Norco impacted the patient's pain and function. In this case, none of the 4 As are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Norco IS NOT medically necessary.