

Case Number:	CM14-0174851		
Date Assigned:	10/28/2014	Date of Injury:	02/28/2003
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with a date of injury of 02/28/2003. The listed diagnoses per [REDACTED] are: 1. Degenerative lumbar disk. 2. Lumbar radiculitis. 3. Low back pain. According to progress report 09/18/2014, the patient presents with continued low back pain. Treater states the patient is utilizing an average of one Norco per day and the patient is requesting a refill. He has used the originally six tabs of Norco over the last three months. Taking half except when back pain flares up then he takes one to two per day. Back pain is rated as mild on this date and maximum pain is unbearable and increases to 9-10/10. Minimum back pain is 3-4/10. Average pain is 3-4/10. Examination revealed anterior flexion to 60 to 80 degrees at the waist. DTRs, strength, and straight leg raise are symmetrical and unremarkable. The patient is currently working full time. The treater is requesting a refill of Norco 10/325 mg #60 with 3 refills. The patient is instructed to follow up in three months. Utilization review denied the request on 10/03/2014. The medical file provided for review includes two treatment reports from 06/20/2014 and 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for Use of Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Norco 10/325 mg #60 with 3 refills. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. The treater has noted that the patient has utilized #60 Norco over the past three months averaging half to one/two per day. The treater in his progress reports indicates pain level as 3/10 with the medication and up to 8-10/10 without medications. With medications, the patient is able to sleep and perform repetitive bending and stooping. Without medication, he is "less active." Risks and benefits of medications were discussed. A pain management contract is on file and UDS from 09/18/2014 was provided, which was consistent with the medications prescribed. In this case, the treater indicates that the patient has decrease in pain and specific functional improvement with taking Norco. Urine drug screens are consistent with the medication prescribed and the treater states that the patient is working full time with this medication. Given the efficacy of Norco and the treater's sufficient documentation for opiate management, the request is medically necessary.