

Case Number:	CM14-0182834		
Date Assigned:	11/07/2014	Date of Injury:	06/01/2013
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 37year old male with an injury date on 06/01/13. Based on the 06/20/14 most recent progress report provided by [REDACTED] the diagnoses are:1. Lumbar radiculopathy2. Left Sacroiliac dysfunction3. Pain-related insomniaAccording to this report, the patient complains of mild low back pain. There are no positive findings noted on the exam. There were no other significant findings mentioned on this report. The utilization review denied the request on 10/07/2014. [REDACTED] is the requesting provider and he provided treatment reports from 04/04/14 to 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60, 61,88, 89,76-78.

Decision rationale: According to the 06/20/14 report by [REDACTED], this patient presents with low back pain.The treater is requesting Norco 5/325 mg #90. The treating physician's report and

request for authorization containing the request are not included in the file. The most recent progress report is dated 06/20/2014 and the utilization review letter in question is from 10/07/2014. For chronic opiate use, 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 aberrant 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. Review of reports shows Norco was prescribed, but it is unknown exactly when the patient initially started taking this medication. Per 04/08/14 report, treater mentions that "the UDS result which was inconsistent of all the medications prescribed." Per treating physician, the patient states "without pain medications patient's pain score is 5/10 and with pain medications patient's pain score is 3/10." In this case, reports show documentation of pain assessment using a numerical scale describing the patient's pain. UDS was obtained. Other than these, the documentation lacks discussion regarding ADL's, side effects, other opiates management issues, and behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Norco were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.