

Case Number:	CM14-0198476		
Date Assigned:	12/08/2014	Date of Injury:	09/12/2003
Decision Date:	01/26/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain Management 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 68-year-old male with an injury date of 09/12/2003. Based on the 05/22/2014 progress report, the patient complains of having persistent low back pain as well as pain in his legs. "It is hard for him to sit and walk." He can forward bend 50 degrees, cannot hyperextend, lateral bend 10 degrees, and twist to 10 degrees. There is tenderness at L5-S1. When seated, the patient has 80 degrees of straight leg raise with motors intact. The 11/11/2014 progress report indicates that the patient continues to have low back pain as well as pain in his legs. There were no new additional positive exam findings provided. There is no list of diagnosis provided either. The utilization review determination being challenged is dated 11/20/2014. There were two treatment reports provided from 05/22/2014 and 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: According to the 11/11/2014 progress report, the patient presents with low back pain and pain in his leg. The request is for Norco 10/325 mg #180. The patient has been taking Norco as early as 05/22/2014. MTUS Guidelines pages 88 and 89 states, "the patient 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, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment." Outcome measures include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there were only two progress reports provided and none of these two reports discussed how Norco has impacted the patient's pain and function. In this case, none of the 4 A's are addressed as required by MTUS. The provider fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussion provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary.