

Case Number:	CM14-0216734		
Date Assigned:	01/06/2015	Date of Injury:	09/11/2012
Decision Date:	03/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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:

This 38-year-old male sustained a work-related back injury on 09/11/2012. He was diagnosed with lumbago. Previous treatments include medications, TENS, epidural injections, acupuncture, chiropractic care and physical therapy. The treating provider requests Norco 10/325 mg #90. The Utilization Review on 12/03/2014 modified Norco 10/325 mg #90, citing CA MTUS Chronic Pain Medical Treatment and ODG: Pain chapter to wean the injured worker off the medication. Note: The Request for Authorization (RFA) was for Norco 10/325 mg #120; the request for Independent Medical Review (IMR) is for Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 09/11/12 and presents with pain at the posterior right/left middle back, the posterior right/left lower back, the posterior right/left buttocks, the posterior neck, the posterior right/left shoulder, the posterior right upper back, and the posterior right upper leg. The request is for NORCO 10/325 MG #120. There is no RFA provided and the patient's work status is unknown. 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 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. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. On 10/15/14, the patient rates his pain as an 8/10. He had a urine toxicology on 05/20/14 which was inconsistent with his prescribed medications. Although pain scales are provided, not all 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 05/20/14 and was not compliant with his medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.