

Case Number:	CM14-0218366		
Date Assigned:	02/05/2015	Date of Injury:	02/19/2001
Decision Date:	03/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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, Hawaii
 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 (IW) is a 69 year old female who sustained an industrial injury on 02/19/2001 while pushing heavy packages on a floor. She has reported low back pain that she rates a 9/10 in severity without medications and reduced to a 6/10 intensity with medications. Diagnoses include lumbar radiculopathy and spinal/lumbar degenerative disc disease. Treatment to date includes lumbar facet joint injections done 05/06/2009, and lumbar radiofrequency ablation on 07/15/2008. She is on medications of Methadone 10 mg 3 times daily, Norco 10/325 mg twice daily as needed, Senokot twice daily, Omeprazole DR and 40 mg daily, and Ambien for sleep. According to the 11/20/2014 notes, she had not changed her essential medication regimen in over six months. In the progress note dated 11/20/2014 the treating provider reports limited range of motion in the lumbar spine on flexion and extension. Straight leg raise testing was reported as positive to the left at 80 degrees. The IW had some motor weakness in the left ankle and a trace of weakness at the left knee on extension. Limited range of motion was noted on flexion and extension of the lumbar spine, and there was tenderness to palpation with positive facet loading signs on the right side. On 12/10/2014, Utilization Review non-certified a request for Norco 10/325mg, noting there was a lack of documentation regarding recent compliance testing, and the narcotic pain relievers effectiveness is documented at less than 30%. The MTUS Chronic Pain, Opioids was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg. The treating physician report dated 11/20/14 states, "NORCO 10/325 mg PO BID PRN MODIFIED and AUTHORIZED." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, no quantity of Norco to be prescribed to the patient was specified in the current request. The MTUS guidelines do not support an open ended request as the treating physician is required to document the patient's pain and function. Recommendation is for denial.