

Case Number:	CM14-0219205		
Date Assigned:	01/09/2015	Date of Injury:	10/14/2008
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 64 year old male, who sustained an industrial injury on October 14, 2008. He has reported a cumulative trauma. The diagnoses have included MLS of the lumbar strain/left hip. Treatment to date has included right hip replacement, computed tomography of the lumbar spine dated 8/30/2013 which revealed multilevel degenerative changes, MRI of the lumbar spine on 12/04/2014 which documented multilevel degenerative spondylosis, an MRI of the left hip which revealed advanced left hip osteoarthritis and an x-ray of the right hip on 7/3/2014 documented the right hip replacement with components in anatomic position. Currently, the injured worker complains of continued back pain for which the evaluating physician noted that there has been zero improvement. The submitted documentation does not support the specific functional benefits the injured worker has had from use of Norco nor was there a comprehensive drug monitoring program documented. On December 4, 2014, Utilization Review non-certified a request for Norco 10/325 mg #150, noting that unless a comprehensive drug monitoring program was in place, the medication was not medically necessary or appropriate. The California MTUS was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain in his lower back and left hip. The request is for NORCO 10/325mg #150. Per the utilization review letter on 12/04/14, the patient has utilized Norco, Flexeril, Soma, Hydrocodone, Vicodin and Tramadol. MTUS guidelines page 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 4A'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 review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco #150 IS NOT medically necessary.