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| Case Number: | CM15-0107488 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 07/01/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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 is a 49 year old female, who sustained an industrial injury on July 1, 2014. She reported low back pain with lower extremity symptoms. The injured worker was diagnosed as having right ankle sprain, right ankle pain, low back pain, lumbar facetal pain, bilateral sacroilitis and clinically consistent symptoms of lumbar radiculopathy. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of right ankle pain and low back pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 22, 2015, revealed continued pain as noted. She noted difficulty with walking, severe right ankle pain and low back pain. Norco was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The patient presents with right ankle pain and low back pain. The current request is for Norco 10/325 mg #90. The treating physician states, in a UR report dated 05/12/15, "Norco 10/325 mg #90." (2A) The MTUS guidelines state, "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, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this review, none of these are provided. The documentation provided is inadequate to show medication efficacy and the treating physician has failed to meet the MTUS guidelines. The current request is not medically necessary.