

Case Number:	CM15-0010396		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2004
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/19/2015

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 58 year old male, who sustained an industrial injury on 7/23/04. He has reported pain in the back. The diagnoses have included displacement intervertebral disc and lumbar-sacral spasms. Treatment to date has included physical therapy, diagnostic studies, epidural injections and oral medications. As of the PR2 dated 12/10/14, the injured worker reported increasing symptoms to bilateral lower extremities. The treating physician is considering back surgery. The treating physician requested to continue Norco 7.5/325mg #90. On 12/18/14 Utilization Review modified a request for Norco 7.5/325mg #90 to Norco 7.5/325mg #75. The UR physician cited the MTUS guidelines for chronic pain medical treatment. On 1/18/15, the injured worker submitted an application for IMR for review of Norco 7.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF NORCO 7.5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

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

Decision rationale: The patient presents with pain in the lower back. The current request is for 90 Tablets of Norco 7.5/325 MG. The treating physician documents that the patient has been taking Norco since 04/03/14 (44E). For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects or aberrant behavior. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.