

Case Number:	CM15-0013389		
Date Assigned:	02/02/2015	Date of Injury:	10/10/2001
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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

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 39 year old male with a low back injury on 10/10/2001. He presented on 12/08/2014 complaining of lower back pain and spasm. He was able to continue to work as a demolition worker. He rates his pain as 7/10 without medication. Physical exam noted bilateral tenderness of the lumbar 3- paraspinous muscles, right sacroiliac joint tenderness and decreased range of motion of the lumbar spine. Prior surgery includes microdiscectomy in 2007. EMG done in 2010 showed chronic left lumbar 5 radiculopathy. Prior treatments include diagnostics, medications, urine drug screens and epidural steroid injections. Diagnoses are lumbar radiculopathy, chronic intractable lumbar pain, lumbago, lumbar sprain, lumbosacral (joint) (ligament) sprain. On 01/13/2015 utilization review modified the request for Norco tabs 10-325 # 75 for back pain to allow for one refill # 60 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Based on the 07/18/14 progress report provided by treating physician, the patient presents with low back pain rated 6/10 with medication, that radiates to the bilateral legs. The request is for NORCO TAB 10-325MG #75. Patient's diagnosis per Request for Authorization form dated 12/08/14 includes lumbar radiculopathy, lumbago/ chronic intractable lumbar pain, lumbar sprain, lumbosacral (joint-ligament) sprain, and spasm of muscle. The patient is status post microdiscectomy 2007, left S1 selective nerve root block and left L5/S1 transforaminal epidural steroid injection 03/14/13. Patient's medications include Norco, Flexeril and Docuprene. The patient is working without restrictions. 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 4As (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. Norco has been refilled per treater reports dated 07/18/14, 09/15/14 and 01/05/15. Per progress report dated 01/05/15, the patient continues "to work as a demolition worker," and is "having more pain due to hard work. Taking up to 4 Norco a day... discussed with patient about UR doctor's recommendation to taper down Norco and try Cymbalta. Patient thinks he cannot taper down on the Norco as he is already running out early". Per laboratory tests dated 07/18/14 and 10/13/14, the patient is compliant with medications. However, MTUS requires appropriate discussion of the 4A's. Regarding Analgesia, pain is rated 6/10 with medication and 7/10 without, which does not show a significant decrease, and no validated instruments were documented. There is no discussion regarding adverse effects and aberrant drug seeking behavior. There are no CURES or opioid pain contracts, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.