

Case Number:	CM15-0015936		
Date Assigned:	02/03/2015	Date of Injury:	09/23/2013
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 62 year old male with an industrial injury dated 09/23/2013 as a result from a motor vehicle accident. His diagnoses include lumbar/lumbosacral disc degeneration, and post laminectomy syndrome-lumbar. Recent diagnostic testing has included a MRI of the left shoulder (01/30/2014) without results. He has been treated with conservative care, lumbar fusion at L3-S1 (date unknown), left shoulder rotator cuff repair (03/04/2014), physical therapy, aquatic therapy, acupuncture, medications, epidural steroid injections, and home exercises. In a progress note dated 12/30/2014, the treating physician reports pain in the left lower extremity with weakness and intermittent low back pain. The objective examination revealed tenderness to palpation of the right side of the lumbar facets, pain with range of motion, and decreased reflexes in the lower extremities. The treating physician is requesting Norco which was denied by the utilization review. On 01/13/2015, Utilization Review non-certified a prescription for Norco 10/325mg 1 tablet oral 4-6 hours (quantity not specified), noting the lack of information to determine medical necessity. The MTUS Guidelines were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg 1 tablet oral 4-6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #1 tab oral 4-6 hours (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids, Criteria for Use; Weaning of.

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

Decision rationale: Per the 12/02/14 report the patient presents with pain in the lumbar spine, left ankle and shoulders. The current request is for NORCO 10/325 mg #1 TAB ORAL 4-6 HOURS - QUANTITY NOT SPECIFIED. The RFA is dated 12/02/14. The 12/02/14 report states a refill is requested for #90. The patient is not working. 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. The 10/07/14 report states the patient is just starting this medication. Recent reports provided do show that pain is routinely assessed through the use of pain scales. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales. The 12/30/14 report states, "Patient states he is able to do all ADL's except pushing and pulling and can mop sweep, vacuum and dust for 15 minutes with difficulty and pain." However, this information does not show a significant change with use of this medication. Opiate management issues are documented. A 01/21/15 urine toxicology report is provided showing the presence of Hydrocodone. The reports show the patient was counseled on the relative benefits and side effects of opioids and tolerance dependency and addiction issues were discussed. The patient has a signed pain contract. In this case, analgesia and ADL's are not sufficiently documented to support long-term opioid use as required by guidelines. The request IS NOT medically necessary.