

Case Number:	CM15-0015951		
Date Assigned:	02/03/2015	Date of Injury:	09/16/2008
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
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 35-year-old female, who sustained an industrial injury on 9/16/2008. The current diagnoses are low back pain, post-operative left S1 radiculopathy, and status post L4-5 and L5-S1 microdiscectomies and bilateral laminotomies (3/21/2012). Currently, the injured worker complains of ongoing lower back pain that radiates to the hips bilaterally with pain and numbness extending down the bilateral lower extremities. The pain is rated 3-4/10 with medications and 8-10/10 without. Current medications include Norco, Lidoderm 5% patch, Voltaren, Zanaflex, Lyrica, and Ibuprofen. Treatment to date has included medications, work restrictions, physical therapy, epidural steroid injection, and surgery. The treating physician is requesting Norco 10/325mg #180, which is now under review. On 1/15/2015, Utilization Review had non-certified a request for Norco 10/325mg #180. The Norco was modified to #160 in an effort to get the patient use to the lease amount of medication. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: 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, 90.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for NORCO 10/325MG #180. The patient is currently taking Lidoderm patch, Norco, Voltaren, Zanaflex, Lyrica, ibuprofen, Glipzide, Levora, Metformin and Slo-niacin. The patient has been utilizing Norco since at least 06/03/14. 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 4 A'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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." Although the treater discusses analgesia and aberrant behavior/side-effects, not all 4 A's are addressed as required by MTUS guidelines. The treater provides a general statement indicating that "she rates a 3-4/10 on VAS which increases to an 8- 10/10 on VAS without medication." In regards to medications the patient meets the 4A's of pain management including good analgesic effects with her current medication regimen, increased activities of daily living with the use of medications, no specific adverse side effects, and no concern for aberrant behavior's current pain contract on file." "The patient may undergo random urine toxicology screening, to verify medication compliance." There is before and after pain scales showing analgesia. The patient has an opioid contract on file. However, the provided reports do not show functional measure. No specific ADL changes are noted showing significant improvement. No outcome measures are provided as required by MTUS. The results of UDS are not mentioned either. General statements showing that the requirements are met are inadequate. The actual documentations of the four A's must be provided and mentioned which demonstrate medication efficacy. Therefore, the request IS NOT medically necessary.