

Case Number:	CM15-0019332		
Date Assigned:	02/09/2015	Date of Injury:	12/03/2009
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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:

A 62 year old male who sustained an industrial injury on 12/03/2009. Current diagnoses include strain/sprain of the lumbar spine with bulging discs and radiculopathy, right plantar fasciitis, left plantar fasciitis, posterior disc bulges with central canal narrowing, annular fissure in the posterior aspect, facet hypertrophy bilaterally, and neuro foraminal narrowing. Previous treatments included medication management, chiropractic therapy, and home exercise program. Report dated 03/04/2015 noted that the injured worker presented with complaints that included low back pain with radiation down the left leg. The physician noted that the injured worker is currently using Norco 1-2 times per day, pain level with the use of medication is 3 out of 10, and the injured worker notes improvement with activities of daily living with use of medication. Physical examination was positive for abnormal findings. Utilization review performed on 01/14/2015 non-certified a prescription for Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids for Chronic Pain.

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 01/07/15 report the patient presents with worsening lower back pain and spasms. The current request is for NORCO 10/325 mg #120 Hydrocodone, an opioid-- per the 01/07/15 RFA. 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 reports provided for review show the patient has been prescribed Hydrocodone since at least 05/12/14. Pain is routinely assessed through the use of pain scales. On 03/04/15 the treater states that Norco reduces the patient pain from 7/10 to 3/10. It is also noted that the patient notes improvement with activities of daily living as well as increased ability to sit, stand and walk. Opiate management issues are addressed. The treater reports that the patient denies side effects and the 05/12/14 UDS shows compliance with medications. In this case, the treating physician has documented that the patient's pain is significantly reduced with medication usage, physical ADL's essential to daily function are improved and there are no adverse effects from opioid usage. The current request IS medically necessary.