

Case Number:	CM15-0122124		
Date Assigned:	07/06/2015	Date of Injury:	10/08/2009
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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 54 year old male, who sustained an industrial injury on 10/8/2009. The mechanism of injury was a fall from a chair. The injured worker was diagnosed as having lumbar myofasciitis with radiculitis, right shoulder impingement syndrome and bilateral hip bursitis with osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/7/2015, the injured worker complains of low back pain radiating to the groin and bilateral lower extremities, upper back pain radiating to the right upper extremity and difficulty sleeping due to pain. Physical examination showed decreased lumbar range of motion. The treating physician is requesting Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities with numbness and tingling in the legs rated 9/10. The request is for NORCO 10/325MG #120. The request for authorization is not provided. Physical examination of the lumbar reveals reduced range of motion. Straight leg raise is positive bilaterally. Patient's medications include Cyclobenzaprine, Omeprazole, Gabapentin, Ibuprofen, Norco, Soma, Oxycodone, Genicin, Somnicin and Topical Creams. Per progress report dated 05/07/15, the patient is temporarily totally disabled. 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 03/25/15, treater's reason for the request is "for moderate to severe pain." Patient has been prescribed Norco since at least 12/23/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also not discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated 03/09/15 was provided, but no CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.