

Case Number:	CM15-0123618		
Date Assigned:	08/11/2015	Date of Injury:	02/12/2009
Decision Date:	09/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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 64 year old, male who sustained a work related injury on 2-12-09. The diagnoses have included pain in limb, chronic back pain and mood disorder. Treatments have included oral medications, topical medicated ointment-cream-gel, Lidoderm patches, TENS unit therapy, and psychotherapy. In the Visit Note dated 5-12-15, the injured worker reports right leg pain. He rates his pain level a 7 out of 10 with medications and an 8 out of 10 without medications. His activity level remains the same. He reports that since he walks with an altered gait, how low back pain is increased. On physical exam, he has a right sided push off antalgic gait. He has tenderness to palpation of lumbar paravertebral muscles on the right side. His lumbar range of motion is restricted with flexion to 60 degrees and extension to 24 degrees limited due to pain. Lumbar facet loading is positive on the right side. FABER test is positive. Sensation is decreased over the 3rd, 4th and 5 toes on the right side. He is not working. The treatment plan includes a continuation of Norco and a request for chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 10/325mg quantity 60 with one refill. Treatments have included oral medications, topical medicated ointment-cream-gel, Lidoderm patches, TENS unit therapy, and psychotherapy. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 5-12-15, the reports low back and right leg pain. He rates his pain level a 7 out of 10 with medications and an 8 out of 10 without medications. On physical exam, he has a right sided push off antalgic gait. He has tenderness to palpation of lumbar paravertebral muscles on the right side. He has decreased ROM and lumbar facet loading and FABER test is positive. Sensation is decreased over the 3rd, 4th and 5 toes on the right side. The treater has requested a refill of Norco. Progress reports note that without medication he is not able to do anything and can only lay down on the couch. With medication, the patient is independent with home chores. UDS and CURES report are consistent and the patient has no side effects with meds. MTUS p80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." Although the treater has provided information that Norco has been effective, this patient does not present with pain that is "presumed to be maintained by continual injury." The requested Norco for this patient's chronic low back pain is not indicated. This request IS NOT medically necessary.