

Case Number:	CM15-0128116		
Date Assigned:	07/14/2015	Date of Injury:	01/04/2001
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
 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 74 year old male, who sustained an industrial injury on 1-4-01. The injured worker has complaints of back pain with occasional left leg pain. The documentation noted that the injured worker has moderate tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions and back pain is noted on range of motion. Straight leg raising elicits hamstring tightness, greater on the left side than right. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; post-laminectomy syndrome of lumbar region; lumbago; thoracic or lumbosacral neuritis or radiculitis unspecified and myalgia myositis unspecified. Treatment to date has included norco; parafon forte; magnetic resonance imaging (MRI) evidence of a right L5-S1 (sacroiliac) disc protrusion and independent exercise program. The request was for norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back and left leg. The current request is for Norco 10/325mg #90. The treating physician report dated 7/7/15 (40B) states, "He is having difficulty obtaining his medications. He states that without the medications he is having a lot of difficulty with his pain and also with his function overall. In my opinion, the medications are indicated and appropriate, including the use of Norco." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 11/20/14 (4B). The report dated 10/28/14 notes that the patient's pain has decreased from 8-9/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by the patient. The patient's ADLs have improved such as the ability to sit, stand, walk, clean his house, and take care of his yard. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required As are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.