

Case Number:	CM15-0142109		
Date Assigned:	08/06/2015	Date of Injury:	02/10/2012
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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 55-year-old male who sustained an industrial injury on 02-10-12. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include lower back and lower extremity pain, rated at 9/10 without medications, and 7/10 with medications. Current diagnoses include lumbar low back pain, lumbar and thoracic radiculitis, and lumbosacral disc degeneration. In a progress note dated 06-18-15, the treating provider reports the plan of care as Norco and Robaxin. The requested treatment includes Norco. The documentation supports that the injured worker has been on Norco since at least 01-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to discontinue/continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, criteria for use.

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

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with low back and lower extremity pain. The request is for NORCO 10/325MG #180. Patient's diagnosis per Request for Authorization form dated 02/17/15, 03/13/15 and 06/29/15 includes lumbago, low back pain, radiculitis thoracic lumbar, and disc degeneration lumbosacral. Physical examination on 06/18/15 revealed tenderness to palpation to the lumbar spine, and facet joint. Range of motion was decreased. Patient's medications include Norco, and Robaxin. The patient is working modified duty, per 06/18/15 report. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 06/18/15 report, treater states the patient's pain is rated 7/10 with and 9/10 without medications. Per 02/25/15 report, the patient "denies any side effects or impairment. . . does not display any aberrant behavior. " Urine drug screen on 02/25/15 revealed consistent results. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement, especially since the patient is working. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.