

Case Number:	CM15-0143220		
Date Assigned:	08/07/2015	Date of Injury:	09/11/2009
Decision Date:	10/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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 37 year old female, who sustained an industrial injury on 9-11-2009. She reported low back pain after a slip and fall. Diagnoses include lumbar spondylosis without myelopathy, lumbar facet syndrome, and mechanical low back pain. Treatments to date include activity modification, physical therapy, chiropractic therapy, anti-inflammatory and muscle relaxants, and lumbar radiofrequency ablation. Currently, she complained of ongoing pain in the back. Pain was rated 8-9 out of 10 VAS without medication and 6-7 out of 10 VAS with medication. It was documented that medication use increased ability to perform activities of daily life. On 7-2-15, the physical examination

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg Qty 60, 1 tab 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids, dosing.

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 07/02/15 progress report provided by treating physician, the patient presents with low back pain that radiates down right hip and leg, rated 6-7/10 with, and 8-9/10 without medications. The request is for NORCO TAB 10/325 MG QTY 60, 1 TAB 2 TIMES DAILY. RFA with the request not provided. Patient's diagnosis on 07/02/15 includes lumbar degenerative disc disease and lumbar spondylosis. Physical examination documented lumbar spasm and tenderness. Treatment to date has included activity modification, physical therapy, chiropractic, home exercise program, lumbar radiofrequency ablation and medications. Patient's medications include Norco, Lyrica, and Butrans. 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 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." 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." Per 01/23/15 report, Oxycodone was replaced with Norco. Norco has been included in patient's medications, per progress reports dated 04/22/15 and 07/02/15. In this case, treater has addressed analgesia, but has not discussed how Norco significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 01/29/15 and 04/24/15 were provided, but no opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.