

Case Number:	CM15-0145694		
Date Assigned:	09/01/2015	Date of Injury:	10/17/1986
Decision Date:	10/06/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 76 year old male with an industrial injury dated 10-17-1986. The injured worker's diagnoses include unspecified neuralgia neuritis and radiculitis, failed back syndrome, and lumbar spine radiculopathy. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 04-23-2015, the injured worker reported low back pain. The injured worker rated current pain a 7 out of 10, at worst 10 out of 10, and a 4 out of 10 at least. Objective findings revealed mild distress, lumbar tenderness, and limited range of motion. The treating physician prescribed Norco 10-325mg #120, now under review.

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 Page(s): 76-80, 91, 124.

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 76 year old patient complains of low back pain, rated at 7/10, as per progress report dated 04/23/15. The request is for NORCO 10/325mg #120. There is no RFA for this case, and the patient's date of injury is 10/17/86. Diagnoses, as per progress report dated 04/23/15, including unspecified neuritis, neuralgia and radiculitis, lumbar failed back syndrome, and lumbar radiculopathy. Medications include Norco and Senokot. The report does not document the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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." In this case, only one progress report, dated 04/23/15, is available for review. In the report, the treater states "We monitor the 4A's for ongoing monitoring: analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior". As per the report, all patients at this facility sign an opioid agreement and undergo UDS and CURES monitoring. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication in this patient. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.