

Case Number:	CM15-0170204		
Date Assigned:	09/10/2015	Date of Injury:	08/19/2012
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 44 year old female, who sustained an industrial injury on 8-19-2012. The current diagnosis is status post L5-S1 fusion. According to the progress report dated 7-21-2015, the injured worker complains of increased lower back pain and stiffness. She reports she is having more spasms and stiffness from sitting for longer periods at work. The pain is also increased with prolonged walking. On a subjective pain scale, she rates her pain 2 out of 10 with medications and 4-5 out of 10 without. She notes improvement with her activities of daily living, as well as an increased ability to continue working, as well as to sit, stand, and walk as a result of her current medication usage. The physical examination reveals tenderness about the lumbar incision, as well as over the bilateral lower lumbar paraspinal muscles, mild spasms, restricted range of motion, and positive straight leg raise on the left. The current medications are Norco and Gabapentin. There is no documentation of when the Norco was originally prescribed. Treatment to date has included medication management and surgical intervention. Work status is described as permanent and stationary. The original utilization review (8-4-2015) had non-certified a request for Norco #120.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 44 year old patient complains of lower back pain and stiffness, rated at 2/10, as per progress report dated 07/21/15. The request is for NORCO 10/325mg #120. There is no RFA for this case, and the patient's date of injury is 08/19/12. The patient is status post L5-S1 fusion. Medications include Norco, Neurontin and Zanaflex. The patient is permanent and stationary, as per the same report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4A's (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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." As per progress report dated 07/21/15, medications reduce pain from 4-5/10 to 2/10. As per the report, the patient notes "improvement with her activities of daily living, as well as increased ability to continue working, as well as to sit, stand and walk as a result of her current medication usage." The patient has signed an opioid agreement and an UDS is scheduled for the next visit. There are no side effects from medications. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Given the lack of relevant documentation in this regard, the request IS NOT medically necessary.