

Case Number:	CM15-0173722		
Date Assigned:	09/15/2015	Date of Injury:	06/16/2014
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational Medicine

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 49 year old male with an industrial injury dated 06-16-2014. Review of medical records indicates he is being treated for degenerative disc disease, back pain, sacroiliac syndrome-dysfunction and trigger finger (acquired). The progress note dated 08-13-2015 documents the injured worker continued to remain off work and continued with the same symptoms. Objective findings are not available. Treatment was for a refill of Norco 5-325 # 120. In the qualified medical exam dated 04-10-2015 he rated his pain as 5 out of 10 at best and 9 out of 10 at worst with an average of 8 out of 10. At the time of this evaluation he was complaining of "significantly" compromised sleep with pain. On 04-10-2015 the injured worker noted limitation in activities of daily living as follows: (1) Difficulty concentrating due to pain; (2) Pain in right hand with grasping and lifting; (3) Standing, sitting, reclining and walking was compromised due to low back and leg pain; (4) "Unable to brush my teeth, bathe, dress myself and eat due to pain in my right hand, low back and legs." (5) Pain compromises the ability to concentrate; (6) Sexual activity is prohibited by pain; (7) Restful, uninterrupted sleep is compromised by pain; (8) Travel - All forms of sitting or travel is compromised by pain. In the progress note dated 03-13-2015 the provider documents "Patient continues to experience significant pain in his low back." Pain is documented as worse with activity and better with rest and is constant. The pain was rated as 7-8 out of 10 on a 10 point scale. His medications are documented as Tramadol, Celebrex and Norco (start date for Norco 02-12-2015). According to 08-13-2015 progress note the injured worker remained off work. Physical exam documented in the 03-13-2015 evaluation noted tenderness to palpation over the bilateral sacroiliac joint.

Faber's test, Fortin's Finger test and Gaenslen's test was positive bilaterally. There was tenderness to palpation over the bilateral trochanteric bursa. "Exquisitely" tender myofascial trigger points were noted in the bilateral gluteal myofascial trigger points. "Deep palpation" reproduced symptoms and caused a twitch response and radiation into the buttocks and legs. Prior treatment included medications, at least 6 physical therapy sessions, home program - sciatic nerve "sliding" and pain management. The request for authorization dated 08-14-2015 is for Norco 5-325 one by mouth every 8 hours as needed for pain # 120. On 08-26-2015 the request for Norco 5-325 # 120 was non-authorized by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines are very specific with the recommended standards of care necessary to support the long term use of opioid medications. These standards include detailed documentation of opioid use patterns, the amount of pain relief, the length of pain relief, and objective functional measures improved by opioid use. These standards are not being met in relationship to the long term prescribing of Hydrocodone (Norco). There is no documentation of functional changes or the level of pain relief from the Norco. Under these circumstances, the Norco 5/325mg #120 is not supported by Guidelines and is not medically necessary.