

Case Number:	CM15-0039998		
Date Assigned:	03/10/2015	Date of Injury:	02/09/2004
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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:

This 60 year old female sustained an industrial injury to bilateral hands, bilateral legs, cervical spine and lumbar spine on 2/9/04. Previous treatment included epidural steroid injections, back brace and medications. In a PR-2 dated 1/12/15, the injured worker complained of pain to the low back, neck, bilateral legs and bilateral hands associated with leg numbness. The injured worker rated her pain 10/10 on the visual analog scale without medications and 7/10 with medications. Physical exam was remarkable for 5/5 strength to bilateral lower extremities, moderate palpable spasms to bilateral lumbar spine paraspinal musculature with positive twitch response, positive straight leg raise bilaterally, diffuse tenderness to palpation to the left knee and left antalgic gait. The treatment plan included continuing Gabapentin and Norco, increasing physical activity, continuing back brace and requesting authorization for walking cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with low back, neck, bilateral leg and bilateral hand pain, rated 7-10/10. The pain is constant with numbness of the legs. The request is for NORCO 5/325MG QTY:120. There is no RFA provided and the date of injury is 02/09/04. The patient's diagnoses, per 01/12/15 report, included lumbar sprain/strain, cervical sprain/strain and left knee sprain/strain. Physical examination revealed moderate palpable spasms bilateral lumbar paraspinous musculature with positive switch response. With LSO brace in place, positive SLR bilaterally 30-45 degrees. Antalgic gait on left and patient ambulates with a cane. Without medication use, the patient is unable to walk or sit for long periods of time due to the intolerable pain he rates 10/10 on VAS scale. With Norco the pain is tolerable at 7/10 on VAS and the patient is able to function throughout the day. Current medications include Norco and Gabapentin. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 state: Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per treater report 01/12/15, physician states that there is a signed narcotic agreement on file, the patient doesn't exhibit any aberrant drug seeking behavior and UDS results have been consistent with the medication regimen. Norco was included in patient's medications per reports dated 09/17/14, 10/15/14 and 01/12/15. The use of opiates require detailed documentation regarding pain and function as required by MTUS and MTUS requires appropriate discussion of the 4A's. In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request IS medically necessary.