

Case Number:	CM15-0063725		
Date Assigned:	04/09/2015	Date of Injury:	10/09/1990
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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:

The injured worker is a 50 year old male, who sustained an industrial injury on 10/9/90. The injured worker has complaints of low back, neck and left shoulder pain with radiating pain in the flanks. The diagnoses have included lumbar disc displacement; degeneration of cervical intervertebral disc; lumbar radiculopathy; cervical radiculitis; degeneration of lumbar intervertebral disc; cervical disc displacement and post-laminectomy syndrome of lumbar region. Treatment to date has included lumbar epidural steroid injection; narcotics; muscle relaxers; nonsteroidal anti-inflammatory drugs (NSAIDs); ice; heat; rest; X-rays; magnetic resonance imaging (MRI) and computerized tomography (CT) scan. The request was for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

105 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ACOEM Guidelines, (Opioids Guideline) (2014), pg 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left shoulder and arm, and back pain that radiates in the flanks. The request is for 105 Norco 10/325mg. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes lumbar disc displacement. Patient's diagnosis on 03/04/15 included lumbar postlaminectomy syndrome, and cervical radiculitis. Treatment to date has included lumbar epidural steroid injection, ice, heat, res, imaging studies and medications. Patient's medications include Norco, Soma and Prilosec. The patient is disabled, per 05/19/14.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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 11/11/14 and 03/04/15. Per 11/11/14 progress report, "patient was decreased from Norco #120 to #105," and treater states patient "is currently taking multiple medications no advr pain level 8-9/10." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.