

Case Number:	CM15-0063728		
Date Assigned:	04/09/2015	Date of Injury:	07/04/2013
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
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 60 year old male, who sustained an industrial injury on 7/4/13. He reported low back pain. The injured worker was diagnosed as having history of L2 compression fracture and lumbar disc herniation from L3-S1. Treatment to date has included medications such as Norco and Lidocaine/ Flurbiprofen topical cream. A physician's report dated 6/18/14 noted Norco 5/325mg #60 was refilled. A physician's report dated 2/18/15 noted pain was reduced from 8/10 to 2-3/10 with the use of medication. A MRI of the lumbar spine performed on 12/10/14 revealed right-sided L5 root contact at the level of the foraminal entrance and within the foramen related to an underlying right sided disc protrusion at L5-S1. A right side protrusion at L4-5 and chronic appearing L2 vertebral body wedging was also noted. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with low back pain. The request is for NORCO 5/325mg #60 on 02/26/15. The request was certified by the utilization review letter dated 03/16/15 with modification to Norco 5/325mg #30. The patient is working with restrictions per 03/03/14 report. 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. The starting date of NORCO is unknown but review of reports shows that the patient has been taking Norco prior to 06/18/14 report. Per 02/18/15 report, the pain level is at 2-3/10 with medications and at 8/10 without medications. The patient reported functional improvement and pain relief with the adjunct of the medication. While there is analgesia and the patient is stated to be working, the treater does not address adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. MTUS require that all four A's be addressed and given the lack of sufficient documentation including opiate management, the request IS NOT medically necessary.