

Case Number:	CM15-0064007		
Date Assigned:	04/10/2015	Date of Injury:	05/07/2003
Decision Date:	05/18/2015	UR Denial Date:	03/06/2015
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 48 year old male who sustained an industrial injury on 05/07/2003. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, chronic pain syndrome, other pain disorders related to psychological factors, and spasm of muscle. Previous treatments included medication management, injections, and home exercises. Previous diagnostic studies included urine toxicology screening. Report dated 02/18/2015 noted that the injured worker presented for follow-up stating that he is doing much better since injection, noting that it helped by 50-75% overall. Pain level was not included. Physical examination was positive for abnormal findings. The physician noted that the injured worker is cutting back on Norco and Oxy IR, is working full time, and has increased activity. The treatment plan included renewing medications, request for a new updated MPN list of endocrinologists, and follow up in six weeks or sooner if necessary. Disputed treatment includes Norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #540: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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 chronic low back and bilateral leg pain. The Request for Authorization is not provided in the medical file. The current request is for Norco 10/325mg #540. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing this medication since at least 10/21/13. The treating physician states that the requested Norco 325mg 1-2 tab p.o. Q8h prn #540 is for a three month supply. Progress reports note that the patient is able to continue full time work and exercise 3x per week with current medications. The physician further reports that the patient has no evidence of aberrant behaviors and adverse side effects are addressed. UDS from 05/01/14 was consistent with the medications prescribed. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.