

Case Number:	CM15-0064562		
Date Assigned:	04/10/2015	Date of Injury:	12/21/2012
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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 40-year-old male, who sustained an industrial injury on 12/21/2012. On provider visit dated 01/16/2015 the injured worker has reported mid back and lower back pain. On examination of the lumbar spine revealed decreased range of motion, no spinal process tenderness was noted. Lumbar facet loading was positive on both sides and left lower extremity weakness was noted. The diagnoses have included lumbar radiculopathy and backache NOS. Treatment to date has included medication, injections, lumbar discectomy, laboratory studies and MRI of lumbar spine. The provider requested to continue pain medication Norco for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 12/21/2012 and presents with midback pain and lower back ache. The request is for Norco 10/325 mg #90. The utilization review denial letter did not provide a rationale. The RFA is dated 03/17/2015 and the patient is on temporary total disability. The patient has been taking Norco as early as 09/19/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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 page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Progress reports are provided from 09/11/2014, 03/06/2015. The 09/19/2014 report states that the patient rated his pain as an 8/10. No new problems or side effects. The patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including self-care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The patient currently does not exhibit any aberrant behavior to indicate addiction. The 10/31/2014 report states that the patient rated his pain as a 7/10 with medications and an 8/10 without medications. With medications, the patient has been able to perform household tasks for 30 to 45 minutes at a time with less pain. Without medication, he has difficulty performing tasks. According to patient, medications are working well. The patient shows no evidence of developing medication dependence. Pattern of medication use is as previously prescribed. The patient states he is taking his medications as prescribed. With the current medication regimen, his pain symptoms are adequately managed. On 11/21/2014, the patient rated his pain as a 5/10 with medications and an 8/10 without medications. On 12/19/2014, the patient rated his pain as a 6/10 with medications and a 9/10 without medications. On 01/16/2015, the patient rated his pain as a 3/10 with medications and an 8/10 without medications. No new problems or side effects. On 02/13/2015, the patient rated his pain as a 4/10 with medications and a 7/10 without medications. His activity level has increased. The patient is taking his medications as prescribed. He states that medications are working well. No side effects reported. The patient shows no evidence of developing medication dependency. No medication abuse is suspected. In this case, the treater does provide all 4 A's as required by MTUS Guidelines. The treater provides a before-and-after medication usage to document analgesia, provides a discussion regarding side effects/aberrant behavior, and provides examples of ADLs, which demonstrate medication efficacy. The patient had a urine drug screen conducted on 03/06/2015 which revealed that he was not compliant with his prescribed medications. Neurontin was detected and is not prescribed in his medications. In this case, the treating physician does provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is medically necessary.