

Case Number:	CM15-0065224		
Date Assigned:	04/13/2015	Date of Injury:	12/27/2004
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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 44 year old male who sustained an industrial injury on 12/27/04. The injured worker reported symptoms in the lumbar spine. The injured worker was diagnosed as having left lumbar radiculopathy. Treatments to date have included home exercise program, ice, and status post fusion at L3-S1, activity modification, muscle relaxants, anti-inflammatory medications, oral pain medication, H-wave unit, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the lumbar spine with radiation to the left lower extremity. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

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

Decision rationale: The patient was injured on 12/27/2004 and presents with lumbar spine pain. The request is for Norco 10/325 mg #30. The RFA is dated 03/04/2015 and the patient is considered permanent and stationary. 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 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 page 90 continues to state that the maximum dose of hydrocodone is 60 mg per day. On 04/15/2014, the patient rated his pain as a 2/10. On 09/09/2014, the patient rated his pain as a 3/10. On 01/06/2015, the patient rated his pain as a 3/10 and "he has been walking a lot more recently." In this case, the treater does not provide a before-and-after medication usage to document analgesia and there is no discussion provided regarding adverse behavior/side effects. There are no examples of ADLs, which demonstrate medication efficacy. General statements in regards to the patient's pain are inadequate documentation to show significant functional improvement. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.