

Case Number:	CM15-0071165		
Date Assigned:	04/21/2015	Date of Injury:	08/31/2005
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/15/2015

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 56 year old male, who sustained an industrial injury on 8/31/05. The injured worker was diagnosed as having chronic nonmalignant pain of low back and lumbosacral radiculopathy. Treatment to date has included oral medications including opioids, physical therapy and epidural steroid injections. Currently, the injured worker complains of chronic low back pain with radiation to bilateral lower extremities, rated 8/10. On physical exam, spasm and tenderness are noted in the paravertebral muscles of the low back with decreased range of motion. The treatment plan included a request for refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Criteria for use of Opioids.

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 presents with chronic pain in the lumbar spine with radiation to the lower extremities bilaterally. The pain is rated an 8/10 without medication. The request is for NORCO 10/325MG #45. There is no RFA provided and the patient's date of injury is 08/31/05. The diagnoses include chronic nonmalignant pain of low back and lumbosacral radiculopathy. Per 03/13/15 report, physical examination revealed spasm and tenderness in the paravertebral muscle of the low back. There is decreased range of motion on flexion and extension. Dysesthesia is noted in the L4, L5 and S1 dermatomal distribution bilaterally. Treatment to date has included oral medications including opioids, physical therapy and epidural steroid injections. Medications have included Norco and Norflex. The patient's work status is unavailable for review. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 was prescribed to the patient at least since 09/18/14, per provided medical reports. In reference to medication use, the treater only states pain level of 8/10 without medication. No analgesia is documented showing before and after pain scales. No ADL's are mentioned showing significant changes with use of the opiate. Aberrant behaviors are not documented via UDS's, pain contracts, CURES. No validated instruments nor outcome measures are provided as required by MTUS. In this case, treater states the patient's pain is rated 8/10 without medication but the use of opiates require detailed documentation of pain and functional improvement. 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.