

Case Number:	CM15-0075507		
Date Assigned:	04/27/2015	Date of Injury:	07/25/2008
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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 32 year old male, who sustained an industrial injury on July 25, 2008, incurring back injuries after moving a refrigerator. He was diagnosed with lumbar degenerative disc disease with facet tears at multiple levels. Treatment included physical therapy, epidural steroid injection, trigger point injections, nerve blocks and pain management. Currently the injured worker complained of back pain, spasms radiating into the lower extremities. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 back pain radiating to lower extremities rated 7/10. The request is for NORCO 10/325MG. The request for authorization is not provided.

MRI of the lumbar spine, 12/2008, shows discogenic lumbosacral spinal pain at L3-4, L4-5 and L5-S1 with disc annular disruption syndrome. Physical examination of the musculoskeletal reveals tenderness in the paraspinous area of the lumbar sacral spine, which radiates to the lateral thighs of both legs and to the lower thoracic and upper lumbar spine. He has mild positive straight leg raise at 10 degrees. Point tenderness at the right paraspinous area above the sacrum, less tender at the left sacrum. The patient has been using medications with benefit and increased functional capacity. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, and no aberrant behavior. UDS, 11/21/14, is WNL as they all are, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 70-90% improvement in pain. He has received trigger point and transforaminal epidural steroid injections. Patient's medications include Butrans, Neurontin, Norco, Ventolin and Wellbutrin. Per progress report dated 03/27/15, the patient is permanent and stationary. 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 03/27/15, treater's reason for the request is "Take 1 Tablet by mouth four times a day as needed for pain." Patient has been prescribed Norco since at least 11/21/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Norco improves patient's activities of daily living by documenting the patient has been using medications with benefit and increased functional capacity. Analgesia is discussed also, showing pain reduction with use of Norco by documenting pain reduction of 70-90% with medication. And there is documentation by the treater regarding no adverse effects and aberrant drug behavior. An UDS, 11/21/14, has no signs of illicit drug abuse. The treater has documented the 4A's as required by MTUS. Therefore, the request IS medically necessary.