

Case Number:	CM15-0075530		
Date Assigned:	04/27/2015	Date of Injury:	01/27/1993
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
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 70 year old female, who sustained an industrial/work injury on 1/27/93. She reported initial complaints of thoracic and lumbar pain with radiation to extremities and ankles with numbness. The injured worker was diagnosed as having chronic back pain, degenerative disc disease of thoracic and lumbar spine, degenerative facet disease of lumbar spine. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of pain that radiated into the left leg, bilateral buttocks, thoracic spine, left hip, groin, and back. Pain was rated as 3/10 with medication and 9/10 without. Per the pain management report on 3/11/15, examination revealed tenderness over the bilateral sacroiliac joint and lumbar region and facets and holds on to items while walking. The requested treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain, Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/27/15 with pain in the left leg, bilateral buttocks, thoracic spine, left hip, lower back, and groin. The pain is rated 8-9/10 without medications, 3/10 with medications. The patient's date of injury is 01/27/93. Patient has no documented surgical history directed at these complaints. The request is for Norco 10/325MG #180. The RFA is dated 03/10/15. Physical examination dated 02/27/15 reveals tenderness to palpation over the bilateral SI joints and lumbar facet joints, pain elicitation upon rotation and extension of the lumbar spine. No other positive physical findings are noted. The patient is currently prescribed Norco, Excedrin, and Protonix. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's intractable pain, the treating physician has not provided evidence of medication compliance. Addressing efficacy, progress report dated 02/27/15 notes that this patient's pain is decreased from 8-9/10 to 3/10 when taking Norco. Progress note addendum dated 03/10/15 states that this patient's medications allow her to care for her disabled wheelchair-bound daughter, and that without medications she is unable to perform such care activities. However, no evidence of consistent urine drug screens to date has been provided. Progress note dated 02/27/15 does discuss the collection of a urine drug screen point of care, however, only a hepatic function panel report was provided - not a toxicology report. A careful review of the documentation provided does not reveal any consistent urine drug screens or discussion of consistent results to date, either. Given the lack of complete 4A's documentation, as required by MTUS, the request is not medically necessary.