

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0075549 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 06/22/2003 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 04/11/2015 |
| 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 67-year-old female, who sustained an industrial injury on June 22, 2003. She reported the sudden onset of right buttock pain after rising from a kneeling position. The injured worker was diagnosed as having lumbosacral spine complex regional pain syndrome, chronic pain syndrome, and depression not otherwise specified. Diagnostics to date has included MRI, electro diagnostic studies, and bone scanning. Treatment to date has included home health care and medications including short acting and long acting opioid, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. On April 3, 2015, the injured worker complains of lumbosacral spine pain, rated 8-9/10, and left foot pain, rated 8-9/10. The physical exam revealed an antalgic gait and posture, sitting on a pillow, tearful, emotionally labile, grossly painful feet, and tenderness to palpation of the lumbosacral spine. The treatment requested is opioid medication.

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 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 low back, leg and foot pain rated 8-9/10. The request is for NORCO 10/325MG #180. The request for authorization is dated 04/03/15. Physical examination reveals tenderness to palpation of the lumbosacral spine. Grossly painful feet. Antalgic gait and posture. Patient has recent falls due to pain, weakness and unsteadiness. Patient has had 12 sessions of physical therapy for supervised hydrotherapy. Months long flare noted. Sleep remains interrupted. No diversion, tolerance, abuse. CURES report in past. Patient's medications include Naprosyn and Hydrocodone. The patient's work status is not provided. 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. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least 09/03/14. In this case, treater discusses no aberrant drug behavior but does not discuss if there are any side effects from using Norco. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documented CURES report, but no UDS or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.