

Case Number:	CM15-0078216		
Date Assigned:	04/29/2015	Date of Injury:	01/28/2013
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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 48 year old male, who sustained an industrial injury on 1/28/13. He reported spinal pain from the lumbar region to the base of his skull. Diagnoses included rule out cervical and lumbar disc herniation. Treatment to date has included 44 chiropractic treatments and epidural injections for the neck and back. A physician's report noted the low back epidural injection did not help at all. The epidural neck injection provided 20% improvement in pain for 4 days. A physician's report dated 1/29/15 noted the injured worker was taking Norco. A physician's report dated 2/5/15 noted the injured worker's pain was rated as 3/10 in the morning and 5/10 at night. A physician's report dated 3/19/15 noted the worst pain was rated as 8/10, least pain being 3/10. Currently, the injured worker complains of neck pain radiating to the right shoulder and right elbow with numbness, tingling, and weakness in the right arm associated with headaches and dizziness. Burning in the low back with pain that radiated to the right leg with numbness and weakness of the leg and foot was also noted. The treating physician requested authorization for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with pain to lumbar region centrally, base of skull, right elbow, right hand, and right shoulder, rated 8/10, and headaches. The request is for 1 prescription of Norco 10/325 #90. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes arthropathy shoulder. Physical examination on 03/19/15 revealed right shoulder shows modest limitation apparently due to guarding objectively. Treatment to date has included medications, imaging studies, chiropractic treatments and epidural injections for the neck and back. Patient finds Norco "...only effective method for his pain." Work status not available. Per QME report dated 01/02/15, examiner considers patient "reached a permanent and stationary status." Treatment reports were provided from 08/22/14 - 04/23/15. 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 08/22/14, 01/19/15, and 04/23/15. Per 03/19/15 progress report, treater states pain reduced from "8 to a 3 after taking his pain medications... [the patient] denies illicit drug use,... dependency or abuse... medication does appear to improve his quality of living and for that reason we will continue but will recommend weaning from this medication in the upcoming months..." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with numerical scales. However, MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding ADL's, adverse reactions, etc. Treater addressed aberrant behavior and provided toxicology reports dated 02/05/15 and 02/26/15, which were positive for Norco, revealing compliant results; but no opioid pain agreement or CURES reports. 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.