

Case Number:	CM15-0078265		
Date Assigned:	04/29/2015	Date of Injury:	01/20/2000
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
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 65-year-old male, who sustained an industrial injury on 1/20/2000. He reported a slip and fall striking the curb and injuring the neck and back. Diagnoses include chronic pain syndrome, status post cervical fusion, lumbar degenerative disc disease and stenosis. Treatments to date include medication therapy, physical therapy, therapeutic injections, and insertion of a spinal cord stimulator. Currently, he complained of back pain. On 3/21/15, the physical examination documented lumbar muscle spasm and painful range of motion. The plan of care included continuation of medication therapy.

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.

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 was injured on 01/20/00 and presents with back pain. The request is for NORCO 10/325 MG #180. The RFA is dated 03/24/15 and the patient is on permanent disability. Progress reports are provided from 08/29/14 to 03/24/15. Some reports are hand-written and illegible. The patient has been taking Norco as early as 08/29/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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 for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 09/30/14 report states that the patient's pain decreased from a 7/10 to a 3/10. On 12/22/14, he rated his pain as a 2/10 with medications and a 7/10 without medications. On 01/22/15, he rated his pain as a 2/10 with medications and an 8/10 without medications. In this case, the treater does provide a before-and-after medication usage to document analgesia. However there are no discussions regarding adverse behaviors/side effects nor are there any specific examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.