

Case Number:	CM15-0080379		
Date Assigned:	06/08/2015	Date of Injury:	04/23/2013
Decision Date:	10/06/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 35 year old female, who sustained an industrial injury on 04-23-2013. She has reported injury to the left hand-wrist, low back, and right ankle. The diagnoses have included lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus, impinging on left L4 and left L5 nerve roots; lumbar radiculopathy; myospasm and myofascial trigger points; acute left sacroiliitis; and right ankle pain. Treatment to date has included medications, diagnostics, injections, epidural steroid injections, and physical therapy. Medications have included Hydrocodone, Naproxen, Wellbutrin, Xanax, Tizanidine, Ambien, and Colace. A progress report from the treating physician, dated 03-20-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued low back pain and radiating pain into her left hip and buttock; she has particularly acute pain in the left side of her low back with tightness along her spine; lumbar back pain increases with prolonged sitting; continued right ankle pain causing difficulty in waking and performing her normal job duties; the right ankle pain increased with colder weather and prolonged walking; due to the low back and right ankle pain, she relates falling and twisting her right ankle and right leg; this has flared up her pain; the pain is typically rated at 6 out of 10 in intensity; today she relates her pain is 7 out of 10 in intensity; and she has completed physical therapy and has benefitted greatly. It is noted in the documentation that the injured worker has had 65% from epidural steroid injection, with greater than 50% relief for six weeks post-injection; as well, there was notation of improvement after sacroiliac joint injections. Objective findings included she is alert and oriented, and in moderate distress; she walks with a mildly antalgic gait toward the right; she

has difficulty performing a toe walk secondary to pain; palpable lumbosacral paraspinous muscle spasm with myofascial trigger points on the left, with twitch response and referral patter, and acute pain with palpation over the left sacroiliac joint; painful and decreased lumbar ranges of motion; motor strength is 4 out of 5 on the left hip with flexion; straight leg raise is positive on the left; and diminished sensation is noted along the left L4 and L5 distributions. The treatment plan has included the request for Norco 5-325 mg Quantity 60 Refills Unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG Qty 60 Refills Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating to left hip and buttock, and right ankle pain rated 6-7/10. The request is for NORCO 5/325 MG QTY 60 REFILLS UNSPECIFIED. The request for authorization is dated 04/06/15. Physical examination of the lumbar spine reveals palpable lumbosacral paraspinous muscle spasm with myofascial trigger points on the left, with twitch response and referral pattern, and acute pain with palpation over the left sacroiliac joint. Range of motion is reduced with pain. Straight-leg raise is positive on the left. Diminished sensation along the left L4 and L5 distributions. Patient had a lumbar epidural steroid injections with greater than 50% relief for 9-10 weeks. She has completed physical therapy and has benefitted greatly. Patient's medications include Hydrocodone, Naproxen, Wellbutrin, Xanax, Tizanidine, Ambien, and Colace. The patient's work status is not provided. MTUS, Criteria for use of Opioids Section, 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 page 77 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." Treater does not specifically discuss this medication. Only one progress report is provided for review. Prescription history is not provided to determine when Norco was initiated. 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, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

