

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 54 year old male with chronic low back pain resulting from an injury on 5/4/1999. Dr. [REDACTED] report from 9/18/13 states that the medication is helpful to decrease the patient's pain and increase functional status. The patient's activity level has decreased while stating that medications are working well. No pain levels were provided for the periods before and after medication use. There is a request for authorization dated 8/13/13 for zanaflex and Norco.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 Prescription of Norco 10/325mg #90 with 1 refill is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, section on Opioids, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section on Opioids pages 88-89, which is part of the MTUS.

The Physician Reviewer's decision rationale:

This employee suffers from chronic low back pain due to degenerative disc condition. A review of the last 6-8 months of medical records provided for review shows that the treater did not provide adequate documentation regarding the use of Norco. For

outcome measures, MTUS Chronic Pain Guidelines requires documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. This type of documentation was not submitted in the medical records provided for review. Furthermore, for re-assessment, the Guidelines require documentation of pain and functional improvement compared to baseline, decreased pain, increased level of function, or improved quality of life. MTUS Chronic Pain Guidelines also require that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There was no numerical scale for functional measure on this employee for the last 6-8 months of visitation notes. **The request for 1 Prescription of Norco 10/325mg #90 with 1 refill is not medically necessary and appropriate.**

/MCC

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[REDACTED]

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