

Case Number:	CM14-0056898		
Date Assigned:	07/09/2014	Date of Injury:	10/04/2001
Decision Date:	11/16/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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, Hawaii
 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:

This is a 59-year-old female with a date of industrial injury 10-4-2001. The medical records indicated the injured worker (IW) was treated for radiculitis, lumbar and thoracic; disc degeneration, lumbosacral; lumbago, sacroiliac joint dysfunction; leg pain; and sciatica. In the progress notes (3-31-14), the IW reported low back and left hip pain rated 10 out of 10 with medications, which was increased from her 2-3-14 and 3-3-14 visits. Medications included Norco (since at least 2013), Lyrica, Naproxen, Skelaxin and Fentanyl patch. On examination (3-31-14 notes), there was tenderness of the left sacroiliac joint, left sciatic notch, lumbar spinous processes, left hip trochanteric bursa and piriformis. Treatments included sacroiliac injections. The IW was permanently disabled. A urine toxicology report dated 1-8-14 was consistent with prescribed medications. A Request for Authorization was received for Norco 10-325mg #60. The Utilization Review on 4-24-14 non-certified the request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with low back and left hip pain. The current request is for Norco 10/325mg #60. The treating physician's report dated 03/31/2014 (150B) states, "she presented with pain scale of 10/10. This is with medications." Medical records show that the patient was prescribed Norco prior to 05/01/2012. The urine drug screen dated 01/08/2014 (131B) show consistent results to prescribed medications. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. There are no before and after pain scales provided to show analgesia. The physician does state that the medication allows her to care for herself and her household. The provider provided screening through urine drug screen with confirmatory testing noted. Adverse side effects of constipation are noted. In this case, the physician has provided the proper documentation of the required criteria based on the MTUS guidelines for continued opiate use. Unfortunately, the most recent report that provided this information was dated 2012 and there were no recent report that included the necessary compendium of required documentation. The current request is not medically necessary.