

Case Number:	CM13-0040597		
Date Assigned:	01/03/2014	Date of Injury:	12/11/2009
Decision Date:	04/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee presents with low back pain and tingling over the right big toe. The treating physician is requesting a refill for Norco. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, the MTUS guidelines recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports from 02/20/2013 to 09/13/2013, show that the employee has been taking Norco since 02/27/2013. Progress report dated 09/11/2013 by the treating physician, mentions medication efficacy stating, "The patient is taking the medications as prescribed. The patient states that medications are working well." Other than this generic statement, none of the reports show documentation of pain assessment using a numerical scale describing the employee's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the employee should be slowly weaned as outlined in the MTUS Guidelines. Therefore, recommendation is for denial.

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 Treatment Guidelines Opioids Page(s): 77,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Opioids Page(s): 60-61, 88-89.

Decision rationale: This employee presents with low back pain and tingling over the right big toe. The treating physician is requesting a refill for Norco. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, the MTUS guidelines recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports from 02/20/2013 to 09/13/2013, show that the employee has been taking Norco since 02/27/2013. Progress report dated 09/11/2013 by the treating physician, mentions medication efficacy stating, "The patient is taking the medications as prescribed. The patient states that medications are working well." Other than this generic statement, none of the reports show documentation of pain assessment using a numerical scale describing the employee's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the employee should be slowly weaned as outlined in the MTUS Guidelines. Therefore, recommendation is for denial.