

Case Number:	CM13-0050478		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2009
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Medicine, and is licensed to practice in Florida. 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:

The patient is a 57-year-old male who reported an injury on 9/18/09. The mechanism of injury was noted to be repetitive motion. The patient's diagnoses include lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, status post right shoulder labral repair and subacromial decompression on 8/28/12, bilateral shoulder pain, bilateral knee pain, status post bilateral knee surgery, bilateral knee internal derangement, and headaches. His medications include Norco 10/325mg twice a day. His symptoms include right low back pain with radiation into the right buttock. The clinical information provided indicates that the patient's Norco 10/325mg provides him 70% improvement of his severe pain and allows him to maintain and perform his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Hydrocodone 7.5/325mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include documentation of the patient's pain relief, functional status, appropriate medication use, and should specifically address the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical information submitted for review indicates that the patient reports 70% improvement in his pain with use of Norco; however, there were no documented numerical pain values at his most recent visit to support this statement. Additionally, the patient can better perform his activities of daily living with use of the Norco. However, details regarding any adverse side effects, aberrant drug-taking behaviors, and specific pain outcomes were not provided in the medical records. In the absence of these details required by the guidelines for the ongoing monitoring of patients taking opioid medications, the request is not supported. As such, the request is non-certified.