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| Case Number: | CM14-0001552 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 08/18/2003 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/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 injured worker is a 59 year old male who reported an injury on 08/18/2003. Office visit on 12/16/2013 reported the injured worker had continued low back pain radiating to bilateral legs. The injured worker also complained of left shoulder and neck pain. On physical exam there was crepitation with range of motion of the bilateral knees. The injured worker also had decreased sensation in the bilateral lower extremities as well as decreased sensation to light touch and decreased range of motion in the left shoulder. Office visit dated 01/15/2014 reported the injured worker had completed 6 sessions of physical therapy and aquatic therapy. The injured worker continued to have pain in the neck and low back. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: Per California Medical Treatment Utilization Schedule ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The guidelines state that for chronic back pain Opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another; however, for continuous pain the guidelines recommend extended-release opioids. Per the clinical note dated 10/09/2013 the injured worker rated his pain at 5-6/10 with medication and 10/10 without medication. The note also states the injured worker has an increase of routine activities of daily living. The injured worker has been on this medication for an extended period of time without significant objective improvement noted in the documentation. In addition, the request does not specify the strength of the medication or the usage. Therefore, the request for Norco is not medically necessary.