MAXIMUS Federal Services

Case Number:	CM14-0109633		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2004
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitaion 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 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:

Medical Records reflect the claimant is a 49 year old male with a work injury on 3-23-04. The claimant has undergone lumbar spine fusion L4 to S1 in 2006, sacroiliac joint fusion in 2008, removal of hardware on 10-22-08, left knee arthroscopic surgery in 2011 and left total knee replacement in 2012. The claimant has chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids long term use.

Decision rationale: Medical Records reflect a claimant with chronic pain complaints particularly to the left lower extremity and low back. Office visit from 6-3-14 note the claimant was miserable due to inadequate pain control. The treating doctor noted he had requested the claimant participate in an inpatient detox program as he was not able to manage his medications and he was opioid dependent. It was originally approved, but not completed within the 3 month

timeframe. Upon second request, it was denied. The evaluator discussed with the claimant that he was not adequately controlling his pain. He discussed that the claimant continued to escalate narcotic intake. He was previously tried on Fentanyl patches a month prior with reported minimal improvement. The evaluator recommended increase Oxycontin 80 mg p.o. q 8 hours, which he noted has provided in the past good pain relief. He will use Norco 10/325 mg for breakthrough pain # 120 for 30 days. He was provided a prescription for a lumbar support brace. There is a request for Norco 10/325 # 120. Current treatment guidelines reflect that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 claimant reports worsening in symptoms, limited pain control, no functional improvement. The treating doctor reported the claimant had escalating use of narcotics. Based on the record provided, the claimant does not meet the criteria for ongoing use of Norco. He has no functional improvement, there is no documentation of adequate use. Therefore, the medical necessity of this request is not established. Recommend non certification.