

Case Number:	CM14-0016708		
Date Assigned:	04/11/2014	Date of Injury:	08/16/2010
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Rehabilitation 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:

The patient is a 40 year old male who was injured on 08/16/2010. He suffered a slip and fall injury at work. He suffered injuries to his low back, right knee, right ankle, and right foot. Prior treatment history has included rest, medications, and 24 sessions of physical therapy as well as acupuncture. Encounter note dated 01/17/2014 reports the patient presents for a pain medicine consultation. His medications include Gabapentin 30 mg and Norco 10 mg-325. Unfortunately, he remains symptomatic. It may be that the acupuncture the patient is describing is actually an EMG. The patient comes from a prolonged medical care system in which his primary care doctor or general practitioner was primarily prescribing medications for him long-term including opioid based medications. He has a primary complaint of right-sided low back, right buttock, and right lower extremity including knee, ankle and foot pain. The intensity of the pain is said to be a 9/10. Alleviators of his pain have included rest and medications. The patient reports poor sleep, poor mood, poor appetite, problems with concentration and things, poor energy level, decreased levels of physical activity and enjoyment of life and difficulty with sexual relations. On exam, the patient walked with an antalgic gait favoring his right lower extremity. The edema in the right lower extremity was markedly worse than the left. His right calf was at least 30% bigger than the left calf due to swelling. Reflexes are 2+ in the knees but absent in both ankles. The patient had hyperalgesia to palpation over the dorsum of the ankle and lateral ankle. He has myofascial changes in the lumbar paraspinal muscles and hyperalgesia in both the paraspinal muscles on the right and gluteal musculature. The assessment and plan is right lower extremity complex regional pain syndrome type I (RSD); Right ankle internal derangement; myofascial low back pain versus centralization of buttock and back pain, secondary to a complex regional pain syndrome; a 100 pound weight gain; and chronic pain syndrome with both sleep and mood disorder. The patient is given Norco 10 mg-325, Gabapentin 300 mg, an internal medicine

referral, physical therapy referral and a psychology referral. PR2 dated 09/12/2013 states the patient reports pain is persisting and he is not able to work. The pain medication is very helpful and states Norco is helping pain and despair. The patient is referred to psychology counseling. He is instructed to continue medication, HEP. Cymbalta was added to his medication regimen. If Norco is not approved, be on notice of potential pain inflicted self harm from suffering.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Opioids is indicated for moderate to moderately severe pain. One of the criteria for maintaining a patient on an opioid therapy includes document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The medical records provided for review does not include current subjective pain level, with and without medication use. There is no detailed assessment regarding use of non-pharmacologic and non-opioid means of pain management. Encounter note dated 01/17/2014 indicates pain level was 9/10. Opioids should be continued if: the patient has returned to work or if the patient has improved functioning and pain. The medical records indicate the patient has been utilizing Norco for an extended period of time. However there is no documentation establishing clinically significant pain relief leading to improved function as a result of Norco. The medical records do not establish that the continued use of Norco has provided notable improvement in pain level and function. In addition, the records do not substantiate that there has been adequate utilization of non-pharmacologic interventions and non-opioid analgesics, which are known to be effective in treatment of moderately severe pain levels.