

Case Number:	CM14-0114703		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2000
Decision Date:	09/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pain Medicine 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 injured worker is a 59-year-old female with a reported date of injury of 11/01/2000. The mechanism of injury was not submitted within the medical records. Her diagnoses are noted to include chronic pain syndrome, left knee pain, chronic lumbar back pain and anxiety. Her previous treatments were noted to include medications. The progress note dated 07/31/2014, revealed the injured worker complained of pain in the left knee that was made worse by lifting, sitting, bending and physical activity that was rated 4/10 with medications and 6/10 without medications. The injured worker indicated the pain was worse at night and could tolerate a pain level of 4/10. The physical examination revealed no evidence of overmedication, sedation or withdrawal symptoms. The provider indicated the injured worker ambulated with an antalgic gait, using broken crutches with tennis balls, for assistance with ambulation. The Request for Authorization form dated 07/02/2014 was for Norco 10/325 mg 1 tablet by mouth every 4 hours as needed for pain #180 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 TAB PO Q 4HRS PRN #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 tablet by mouth every 4 hours as needed #180 is not medically necessary. The injured worker has been utilizing the medication at least since 09/2011. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse effects, and aberrant drug taking behaviors should be address. The injured worker indicated with medications her pain was rated 4/10 and without medications it was 6/10. The injured worker indicated she was house confined and could go out without assistance utilizing a cane. The injured worker indicated she was resting or reclined 75% to 100% of the waking day and was up and out of bed daily; however, the injured worker did not indicate this was utilized with her pain medication. The documentation provided indicated there were no side effects with her medications. The urine drug screen performed 02/12/2014, was positive for opiates which is consistent with therapy. Therefore, due to the evidence of significant pain relief, lack of side effects and with details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opiate medications is supported by the guidelines. However, there is a lack of documentation regarding improved functional status with activities of daily living with the utilization of Norco. Therefore, the request is not medically necessary.