

Case Number:	CM14-0157494		
Date Assigned:	09/30/2014	Date of Injury:	07/17/2009
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

48y/o male injured worker with date of injury 7/17/09 with related back and leg pain. Per progress report dated 9/19/14, it was noted that the injured worker required his medical regimen in order to obtain 50-60% pain relief as well as the ability to function throughout the day with less pain. It was noted that without his present medical regimen, he is bedridden. He required a four-wheel walker for ambulation. it was documented that he had been forced to decrease his Norco down to 6 tablets a day. He was actually requiring about 12-14 without the use of Dilaudid, which had been continually denied by the insurance carrier. Per physical exam of the lumbar spine, the lumbar musculature was tender to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 9/17/14.

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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors) the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that the injured worker attained 50-60% pain relief with his medication regimen, and that it allowed him to remain functional as opposed to bedridden without medications. Per 9/19/14 progress report, UDS was consistent with prescribed medications. However, in 2/2014, methamphetamine was present in the UDS. As the injured worker has violated the pain contract, the request is not medically necessary.