

Case Number:	CM14-0171953		
Date Assigned:	10/23/2014	Date of Injury:	11/25/2013
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine and is licensed to practice in Hawaii and 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:

This case is a 32-year-old male with a date of injury of 11/25/2013. A review of the medical records indicates that the patient has been undergoing treatment for headaches and chronic pain of the knees, neck, back, and shoulders. Subjective complaints (12/12/2013) include back pain, left knee pain, neck pain, and bilateral forearm pain without pain ratings. On 7/14/2014, pain ratings include 3/10 for headaches with range of 0-7/10 and lasts 2-3 hours. Pain to neck is 4/10 with a range of 0-7/10. Pain to back is 4/10 with a range of 2-7/10. Objective findings (12/12/2013) include tender to palpation to ribs, pain to cervical/thoracic/lumbar paraspinal muscles. Treatment has included Lidoderm, Soma, Norco 10/325 every 4 hours as needed (since at least 12/2013), physical therapy, and Toradol injections. A utilization review dated 10/6/2014 non-certified a request for Norco 10/325mg 1 tablet every 4-6 hours by mouth as needed for 30 days, #140 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet every 4-6 hours by mouth as needed for 30 days, #140 with 1 refill,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks but does 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." The treating physician does document the pain rating and range of pain but does not document intensity of pain after medications, the amount of relief, and level of increased function. Importantly, refills are not appropriate for Norco due to the need for medical monitoring. As written, the patient would go at least 60 days without any interim evaluation by the treating physician. As such, the request for Norco 10/325mg 1 tablet every 4-6 hours by mouth as needed for 30 days #140 1 refill is not medically necessary.