

Case Number:	CM14-0174858		
Date Assigned:	10/27/2014	Date of Injury:	08/28/2002
Decision Date:	12/09/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Interventional Spine 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 64-year-old male with a date of injury of 08/28/2012. The listed diagnoses per [REDACTED] are: 1. Left shoulder sprain/strain. 2. Lumbar sprain/strain. 3. Left knee sprain/strain. 4. Probable posttraumatic arthritis, left knee. According to progress report 09/10/2014, the patient presents with low back, left knee, and left shoulder pain. Patient states that his low back pain radiates into the bilateral legs. Without medication, his pain level is 8/10, and with medication, his level decreases to a 5/10. Patient states his current pain level is 3/10. Patient is currently taking hydrocodone 10/325 mg and denies side effects. The patient reports receiving "about 7% pain relief with current medications." Examination revealed moderate tenderness to palpation of the left medial patella and positive crepitus with left knee flexion and extension. Examination of the lumbar spine revealed tenderness to palpation in the bilateral lumbar paraspinal muscles with positive twitch response. There is positive straight leg raise on the left at 45 to 60 degrees in the L5 distribution. Treating physician recommends that patient continue with Norco 10/325 p.o. q.i.d. p.r.n. for breakthrough pain #120. Utilization review denied the request on 09/22/2014. Treatment reports from 10/29/2013 through 09/10/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90 for weaning off over next three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back, left knee, and left shoulder pain. The treating physician is requesting a refill of Norco 10/325 #90 for weaning off over next three months. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking Norco 10/325 since at least 07/09/2014. On 07/09/2014, the patient noted 20% pain relief with taking Norco and noted that other medications do not work as effective as Norco. Report 08/06/2014 notes 08/10 without medications and 4/10 with utilizing Norco. The patient states "no functional improvement with taking hydrocodone, but it does make the pain tolerable." Report 09/10/2014 indicates the patient is currently taking hydrocodone with about 70% pain relief. The patient denies side effects with medications, a signed narcotic agreement is on file and UDS was consistent with the medications prescribed. The patient is currently not working. In this case, recommendation for continued use of Norco cannot be supported as the treating physician does not provide any discussion regarding specific functional improvement or changes in ADL as required by MTUS for long-term opiate use. Given the lack of sufficient documentation for opiate management, recommendation is for not medically necessary.