

Case Number:	CM14-0030459		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2009
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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, 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 29 year old male with an injury date of 01/03/09. Based on the 01/09/14 progress report provided by [REDACTED], the patient complains of right knee pain, right ankle pain, low back pain, and back pain radiating from low back down to the right leg. The patient is currently taking Levitra, Norco, Ibuprofen, and Topamax. The patient's diagnoses include the following: 1.Knee pain 2.Pain in joint lower leg 3.Foot pain 4.Cervical pain [REDACTED] is requesting for 1 prescription of Norco 10/325 mg #90. The utilization review determination being challenged is dated 02/25/14. [REDACTED] is the requesting provider, and he provide treatment reports from 08/01/13 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) Page(s): Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Long-Term Users of Opioids Page(s): 88-89.

Decision rationale: According to the 01/09/14 progress report provided by [REDACTED], the patient complains of right knee pain, right ankle pain, low back pain, and back pain radiating from low back down to the right leg. The request is for 1 prescription of Norco 10/325 #90. The patient began taking Norco on 10/17/13. The 11/14/13, 12/12/13, 01/09/14, and 02/06/14 report all indicate that the patient's pain level has increased. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.