

Case Number:	CM14-0041079		
Date Assigned:	06/27/2014	Date of Injury:	08/14/2009
Decision Date:	08/26/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male with a reported date of injury on 08/14/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervicgia, calcifying tendonitis at the shoulder, and amputation of the leg below the knee with complications. His previous treatment was noted to include medications and physical therapy. The progress note dated 05/07/2014 revealed the injured worker complained of pain to the neck and shoulders. The injured worker reported the Topamax had been helpful to decrease the pain in his leg and back and the use of Norco varied 0 to 2 times a day for pain control. The injured worker revealed he was able to complete activities of daily living with medications and work in the house. He denied any side effects from the medications. The physical examination revealed the injured worker was able to transfer without his stunts, ambulated with stiff antalgic gait due to right paresthesias and had functional strength and range of motion of extremities. The provider indicated the individual worker had intact equal sensation to the light touch in the thigh region of the legs and 90 degrees flexion and 10 degrees extension of his back with tenderness from thoracic to lumbar myofascial regions. The Request for Authorization form dated 05/08/2014 was for Norco 10/325 mg #51 one by mouth every 12 hours as needed for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported by detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's are ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated he utilized Norco 0 to 2 times a day for pain control and that he was able to complete activities of daily living with medications and work in the home. The injured worker reported no side effects with the utilization of medications. There was a lack of documentation regarding consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.