

Case Number:	CM14-0045849		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2003
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 12/12/2008 due to unknown mechanism. The injured worker was diagnosed with chronic low back pain status post trauma, bilateral sciatica, chronic cervicgia, likely TMJ syndrome, chronic right eye pain, bilateral shoulder impingement syndromes with possible adhesive capsulitis, pain related insomnia, chronic bilateral ankle pain, and apparent bilateral plantar fasciitis and metatarsalgia. Prior treatments included acupuncture treatment. The injured worker has received treatment for left ankle fracture and previous right ankle sprain. The clinical note dated 02/26/2014 noted the injured worker complained of pain to the left knee and occasionally the right knee when standing or walking for prolonged periods of time. The injured worker continued to note chronic neck, back pain, jaw pain with chewing activities, and chronic pain in his knees and left ankle. The injured reported persistent headaches since his initial injury. The injured worker indicated his pain medications have facilitated his ability to perform activities of daily living. The injured worker's ability to sit, stand, walk, bend, twist, or stoop, or perform any activities involving his shoulders were prolonged with the use of his pain medications. The injured worker rated his pain at approximately 7/10 without the use of his medications and 4/10 when taking his medications. His tolerance for standing or walking was 1 to 2 hours with the use of medications and the injured worker previously could only stand or walk for 40 minutes. The injured worker has not exhibited any aberrant behaviors regarding his medications. The injured worker was prescribed Norco, Lantis, Novalog, sodium, lisinopril, and atenolol. The injured worker failed trials of Amrix, Flexeril, and Skelaxin. The treatment plan for the injured worker included continuing with his medication regimen and to continue to follow-up with the prosthodontist regarding the fabrication of his dentures. The physician was requesting 1 prescription of Norco 5/325 mg 150 tablets with 2 refills. The Request for Authorization Form was not submitted for review with

these documents. The physician recommended the medication as the injured worker responded well to medications and noted an increase in range of motion and activities of daily living while also noting a reduction in pain when taking the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 5/325 mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, pages Page(s): 78-79..

Decision rationale: The request for 1 prescription of Norco 5/325 mg 150 tablets with 2 refills is not medically necessary. The California MTUS guidelines recommend ongoing review with 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The physician has not provided results of a recent urine drug screen. Per the provided documentation the injured worker indicated his pain medications facilitated his ability to perform activities of daily living. The injured worker's ability to sit, stand, walk, bend, twist, or stoop, or perform any activities involving his shoulders were prolonged with the use of his pain medications. The injured worker rated his pain at approximately 7/10 without the use of his medications and 4/10 when taking his medications. His tolerance for standing or walking was 1 to 2 hours with the use of medications, whereas previously he could only stand or walk for 40 minutes. The injured worker has not exhibited any aberrant behaviors regarding his medications. The injured worker has increased range of motion, increased activities of daily living, and a decrease in pain when taking this medication. However, it was not indicated when the last urine drug screen was performed. There is a lack of documentation indicating adverse effects were evaluated. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.