

Case Number:	CM14-0056098		
Date Assigned:	07/09/2014	Date of Injury:	01/29/1996
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 68-year-old male who reported an injury on 1/29/96. The mechanism of injury was noted to be the injured worker stepping into a hole and injuring his back. Prior treatments were not provided with the documentation. The injured worker's diagnoses were noted to be lumbago, lumbar radiculitis, chronic back pain, and myofascial pain. The injured worker had a clinical evaluation on 7/17/14. The injured worker continued to have back pain radiating to the right side. He indicated it did not change and was relatively managed with the use of Norco. The physical examination noted myofascial tenderness in the lumbosacral area with right-sided tenderness. Medication and treatment agreement was reviewed with the injured worker and signed. The treatment plan was for the injured worker to continue with stretching and strengthening exercises at home and follow up at the clinic in September.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for the ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 As (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include 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 the 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 injured worker had a clinical evaluation on 7/17/14. It is noted in the treatment plan that the injured worker continues with the use of Norco for pain control. The pain assessment within this evaluation does not adequately address the 4 As according to the guidelines. The provider's request fails to provide a frequency. The documentation is inconsistent with the request. The evaluation fails to provide an adequate pain assessment. Therefore, the request is not medically necessary.