

Case Number:	CM14-0068008		
Date Assigned:	07/11/2014	Date of Injury:	11/01/2002
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/12/2014

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, and is licensed to practice in California and Washington. 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 54-year-old male with a reported date of injury on 11/1/02. The mechanism of injury was not provided. The injured worker's diagnoses consisted of pain in the joint involving the lower leg, chronic pain due to trauma, medial epicondyle fracture of the femur, personal history of colonic polyps, low back pain, degenerative disc disease, hyperlipidemia, chest pain, pain in the joint involving the ankle and foot, variants of migraine without mention of intractable, ankle fusion, muscle spasm, GERD, esophagitis, COAT, nausea and vomiting, unspecified injury to the knee/leg/ankle, heartburn, insomnia due to medical condition, and elevated blood pressure. The injured worker had a history of left ankle plate and screws, an arthroscopy to his left knee, and an ORIF of the left foot. Prior treatments included physical therapy and a home exercise program. On 4/29/14 the injured worker had an examination with complaints of pain to the left knee that radiated to the left ankle. The injured worker reported the pain as aching, burning, piercing, sharp, deep and discomforting, rated 9/10 without medications, and 7/10 with medications. The injured worker reported that with medications he was able to do simple chores around the house and minimal activities outside the home twice per week. Without his medications he reported that he was able to get dressed in the morning and perform minimal activities at home and socialize with his friends by phone or email. There was no motor weakness noted. A urine drug screen was performed on 4/16/14 which was consistent with his medications and there were no signs of aberrant drug behaviors. The medication list consisted of zolpidem, promethazine, Prilosec, oxycodone, and diazepam. The recommended plan of treatment was to follow-up on his medication management and care related to his left leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 1 PO TID prn pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment 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 California MTUS guidelines recommend discontinuing opioids if there is no overall improvement in function. The injured worker has been prescribed Norco since at least February 2012. The California MTUS guidelines recommend gradual tapering of opioids. The injured worker's pain level remains at a 7/10 but overall function with medications is improved. There is no evidence that the side effects were assessed. The injured worker reported that with medications he was able to do simple chores around the house and minimal activities outside the home twice per week. Without his medications he reported that he was able to get dressed in the morning and perform minimal activities at home and socialize with his friends by phone or email. An adequate and complete pain assessment is not provided within the medical records. Therefore, the request for the Norco 10/325 mg is not medically necessary.