

Case Number:	CM14-0191607		
Date Assigned:	11/25/2014	Date of Injury:	04/07/2003
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 52-year-old male with injury date of 04/07/03. Based on the 10/10/14 progress report, the injured worker complains of left scapular, left thoracic, low back, and left knee pain rated 5/10. Injured worker states that he has constipation due to "industrial medications." Physical examination revealed limited range of motion of lumbar and left knee, tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L2-S1 facet joints. Per progress report dated 10/10/14, treater states that Norco "provides 30% decrease of the injured worker's pain with 30% improvement of the injured worker's activities of daily living." He also states that Norco "enables the injured worker to do house chores, yard work, and perform self-care." Per 10/10/14 report, treater states that "injured worker is on an up-to-date pain contract," previous urine drug screening was consistent, no aberrant behavior, and no adverse effect with Norco. Injured worker has been taking Norco at least from 04/17/14 progress report. Injured worker is permanently disabled at least from 04/17/14 report. Diagnosis 10/10/14-Status post positive diagnostic bilateral L3-L4 and bilateral L4-L5 lumbar facet joint radiofrequency nerve ablation -Bilateral lumbar facet joint pain at L3-L4 and L4-L5-Bilateral facet joint pain at L5-S1-Bilateral lumbar facet joint arthropathy at L3-L4, L4-L5, L5-S1-Lumbar disc protrusion-Lumbar sprain/strain-Left thoracic sprain/strain-Left thoracic back pain-Status post total knee replacement-Left knee internal derangement-Status post left knee surgeries-Right knee pain secondary to compensation from injury. The request is for Norco 10-325mg 1-2 Tab Q6 Hours Prn #210. The utilization review determination being challenged is dated 10/23/14. Treatment reports were provided from 04/17/14 to 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1-2 tab Q6 hours Prn #210: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 79-80; 81; 124. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use Opioids Page(s): 88 and 89, 78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. UR letter dated 10/23/14 states "Modified: 3 months to allow for gradual tapering, no clear evidence presented of significant lasting functional improvement, lack of documentation that the injured worker has returned to work." However, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request for Norco over 3 months is medically necessary.