

Case Number:	CM14-0196329		
Date Assigned:	12/03/2014	Date of Injury:	06/12/2010
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 patient is a 61-year old male with date of injury 6/12/10. The treating physician report dated 11/25/14 (153) indicates that the patient presents with pain affecting his low back, neck, left shoulder, hip and ankle. The physical examination findings reveal the patient is alert, has a slight head forward posture, ambulates slowly and has a slight antalgic gait and that there is still tenderness on palpation to his lumbar paraspinals. Prior treatment history includes the use of medications (Norco, Flexeril, Gabapentin, Dexilant and Docusate sodium), diathermy, participation in a functional restoration program and trigger point injections. There is no record of any imaging studies done for this patient. The current diagnoses are: - Chronic neck pain secondary to cervical Degenerative Disc Disease (DDD) - Cervicogenic headache- Chronic low back pain secondary to lumbar DDD- Chronic right knee pain- Left-sided hip pain- Temporomandibular joint dysfunction- Left shoulder pain. The utilization review report dated 11/18/14 denied the request for Norco 10/325mg #150 based on CA MTUS and certified a mortification of Norco 10/325mg #111 only with no refills for slow tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

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

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

Decision rationale: The patient presents with pain affecting his low back, neck, left shoulder, hip and ankle. The current request is for Norco 10/325mg #150. The patient has been using Norco since at least June 2014. The treating physician reports (109-110, 153) show the patient has, without evidence of aberrancy or adverse side effects, gained increased ADLs and improved analgesia. For chronic opiate use, the 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 aberrant 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. In this case, the treating physician states that the patient is in a pilot program and is very functional with Tai Chi, physical therapy, treadmill usage and stationary bicycle usage. The physician notes supplied do not provide any before or after pain scales with Norco usage but the physician notes that the patient is doing very well and is very happy that he is able to exercise. The physician notes that the patient has not shown any aberrant behaviors, there is no description of side effects and "The patient remains very functional." In this case the treating physician has addressed the 4 A's as required by MTUS and the current request is medically necessary. The recommendation is for authorization.