

Case Number:	CM14-0199825		
Date Assigned:	12/10/2014	Date of Injury:	12/09/2006
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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 66 year old male with date of injury 12/09/06 sustained while driving a fork lift and enduring repetitive bouncing. The treating physician report dated 10/28/14 (16) indicates that the patient presents with pain affecting the low back and bilateral knee. The patient complains of left knee pain that is worse than the right and reports having a flare-up a few weeks prior to his visit with the physician. The physical examination findings reveal tenderness across the joint line of the knees bilaterally, knee flexion and extension appear within normal limits. The physician notes that the patient is stable with anterior and posterior drawer testing bilaterally. Prior treatment history includes prescribed medications, aquatic therapy and a cortisone injection of the lumbar spine. Current medications include Norco, Gabapentin, Losartan and Colace. MRI findings reveal solid fusion and instrumentation from L1 through S1 and a collapsed disk at L4-L5. Patient currently ambulates with the assistance of a cane and a wheeled walker. The current diagnoses are: 1. Chronic low back pain, S/P lumbar revision surgery on 1/25/12. Distant history of left ankle fracture, weak dorsiflexion. The utilization review report dated 11/11/14 denied the request for Retrospective request for Norco 10/325mg, three (3) times per day, #180 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg, three (3) times per day, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Opioids, specific drug list, Hydroco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back and bilateral knee. The current request is for Retrospective request for Norco 10/325mg, three (3) times per day, #180. The treating physician report dated 10/28/14 states that the medications continue to help with the patient's pain levels. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 10/28/14 notes that the patient continued to rely on Norco 10/325mg three times a day. Reports provided show the patient has been taking Norco since at least 5/13/14. The report dated 10/28/14 notes that the patient's pain has decreased from 8/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation which was successfully treated with the prescription of Colace. The patient's ADL's have improved such as the ability to cook, limited light housework and the ability to partake in functional activities such as fixing and showing hot rods at car shows. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Therefore, Retrospective request for Norco 10/325mg, three (3) times per day, #180 is medically necessary and appropriate.