

Case Number:	CM14-0202316		
Date Assigned:	01/06/2015	Date of Injury:	04/23/2004
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 patient is a 56 year old female with the injury date of 04/23/04. Per physician's report 10/14/14, the patient has pain in her neck, shoulders and lower back at 8/10 without medication and 6/10 with medication. The patient has difficulty with standing, walking, doing housework, sleeping and day activities due to pain. The patient is currently taking Morphine sulfate, Norco, Soma, Ambien, Naproxen, Prilosec/ Omeprazole, Lidoderm patch and Tens unit. The lists of diagnoses are: 1) Low back pain with radiation to the lower extremities into the calves with cramping, especially to the left leg 2) Bilateral shoulder pain, left worse than right 3) Mid back pain 4) Neck pain 5) Bilateral wrist and hand pain and paresthesia 6) Insomnia due to chronic pain from the above diagnoses 7) GI upset due to pain medications, intermittent symptoms. The treater requested Norco for pain control as well as urine drug screening. Per 07/08/14 progress report, the patient has pain in her neck, lower back and shoulders at 10/10 without medication and 6/10 with medication. Per 04/01/14 progress report, the patient has the same pain at 9-10/10. The utilization review determination being challenged is dated on 11/04/14. Treatment reports were provided from 01/14/13 to 12/09/14. The utilization review determination being challenged is dated on 11/04/14. Treatment reports were provided from 01/14/13 to 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for Chronic Pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: The injured worker presents with pain in her neck, shoulders and lower back. The request is for Norco 10/325mg #90. The injured worker has utilizing Norco since at least 01/14/14. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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. The review of the reports does not show any discussion specific to this medication other than the treating physician's request for refills. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the injured worker should slowly be weaned as outlined in MTUS guidelines. The request for Norco #90 is not medically necessary.