

Case Number:	CM14-0208519		
Date Assigned:	12/18/2014	Date of Injury:	09/11/1992
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 59-year-old male with a date of injury of 09/11/1992. According to progress report dated 11/14/2014, the patient presents for refill of medications. The patient has received a prescription for the following medications: methadone 10 mg #60, Norco 10/325 mg #180/month, Wellbutrin XL 150 mg #30. Examination of this date included patient's weight which is 231. No further physical examination was noted. The listed diagnoses are: 1. Pain in joint, lower leg. 2. Primary localized osteoarthritis, lower leg. 3. Unspecified muscle D/O, muscle ligament. The treating physician notes that patient requires prescribed medications for analgesia purposes and activities of daily living. The patient denies any abuse or side effects of these medications. Pain level on this date was rated as 6/10 with medications. Patient states he is trying to exercise more and is able to complete some ADLs. According to progress report dated 10/27/2014, the patient presents for refill of medications and physical examination again noted the patient's weight as 231. It was noted the patient is utilizing methadone for ATC pain, Norco for BTP, and Flexeril for spasms. "He states he is doing okay today." Patient rates his pain level a 6/10 with medications. The Utilization Review denied the request on 12/05/2014. Treatment reports from 07/31/2014 through 11/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180 between 11/14/2014 and 1/25/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: This patient presents for medication refill and has a diagnosis of pain in the lower leg. The current request is for one prescription of Norco 10/325 mg #180 between 11/14/2014 and 01/25/2015. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "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. In this case, recommendation for further use of Norco cannot be supported as the treating physician has provided no specific functional improvement, changes in ADL, or change in return to work status to show significant functional improvement with utilizing chronic opioid. Progress reports provided current pain levels, but there is no before and after pain scale to denote a decrease in pain. The patient reports no side effects and "the patient denies any abuse." There are no urine drug screens or CURES report as required by MTUS for opiate management. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow taper per MTUS Guidelines.