

Case Number:	CM14-0208566		
Date Assigned:	12/22/2014	Date of Injury:	01/20/2008
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 36-year old male with date of injury 1/20/08. The treating physician report dated 11/14/14 (38) indicates that the patient presents with chronic pain effecting the neck, right arm and left knee at a level of 7/10. The physical examination findings reveal normal strength, sensation and reflexes in all extremities. Prior treatment history includes right forearm surgery, left knee surgery, Norco, Lexapro, Wellbutrin and Abilify. The current diagnoses are: -Sprain thoracic spine-Strain/sprain cervical-Head injury with concussionThe utilization review report dated 12/8/14 (50) modified the request for Norco10/325mg #180 to Norco 10/325mg #39 based on MTUS.

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: Upheld

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

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

Decision rationale: The patient presents with chronic pain effecting the neck, right arm and left knee. The current request is for Norco 10/325mg #180. The treating physician report dated

11/14/14 (38) states that the patient "continues to have chronic pain that requires significant analgesic medication and because of medications he is able to perform his usual and customary work." For chronic opiate use, 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, there is no before and after pain scales, no discussion regarding ADLs or functional improvements and there is no documentation of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. The request is not medically necessary.