

Case Number:	CM14-0208975		
Date Assigned:	12/22/2014	Date of Injury:	04/10/2008
Decision Date:	02/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, 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 52 year-old man who was injured at work on 4/10/2008. The injury was primarily to his back as well as his left knee/ankle and foot. He is requesting review of denial for Norco 10/325 mg #60. Medical records corroborate ongoing care for his injuries. His chronic diagnoses include the following: Left Lower Extremity/Post Surgical Pain; Chronic Pain Syndrome; Pain in Arm/Hand and Lower Extremity; Causalgia Lower Limb; Pain in Joint/Knee; and Lumbago. His ongoing medication regimen has included: Fentanyl 25 mcg/hr patch every 48 hours and Norco 10/325 mg BID. In the Utilization Review process the MTUS/Chronic Pain Medical Treatment Guidelines were cited. The rationale used for non-certification of the request for Norco was as follows: the patient has been prescribed Norco "on a long-term basis. Despite ongoing use, there was no documentation of decreased pain or quantifiable evidence of improved function." Further, it was noted that a prior request for Norco was modified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. There is evidence that based on the MTUS guidelines, a weaning program was recommended. There is no evidence that weaning of Norco was attempted. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not medically necessary.