

Case Number:	CM14-0061181		
Date Assigned:	07/09/2014	Date of Injury:	09/19/2012
Decision Date:	04/10/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation

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 injured worker is a 48-year-old male with an industrial injury dated 09/19/2012. The mechanism of injury is documented as the injured worker was laminating a tool and using a rolling stair when the stair rolled off. He hit his left upper extremity, left knee against the tool, and fell down four steps hitting his head, neck and low back against concrete. He noted pain in left thumb with some forearm pain and left shoulder pain. On 02/25/2014, he present for pain management consults. Tenderness to palpation was noted on examination of the lumbar spine. Seated straight leg raise was positive. The provider documents the injured worker has failed conservative treatment including physical therapy, chiropractic treatment, medication, rest and a home exercise program. Urine drug screen dated 02/25/2014 is present on the chart. MRI dated 07/07/2013 (noted in 02/10/2014 report) showed at lumbar 4-5 a 3 mm left foraminal disc protrusion resulting in abutment of the exiting left lumbar 4-nerve root. At lumbar 5 - sacral 1, there was a 3 mm left foraminal disc protrusion with abutment of the exiting left lumbar 5-nerve root. Diagnosis: Lumbar disc disease, Lumbar radiculopathy, Lumbar facet syndrome, Left knee internal derangement. On 04/07/2014 the request for Norco 7.5/325 mg every 12 hour as needed # 60 was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Q12H PRN #60: 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 Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic left knee, left shoulder, left wrist and low back pain. The current request is for NORCO 7.5/325MG QIZH PRN #60. There is no Request for Authorization (RFA) provided in the medical file. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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 patient has been prescribed Norco since at least 1/23/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL?s or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.