MAXIMUS Federal Services

Case Number:	CM15-0000346		
Date Assigned:	01/09/2015	Date of Injury:	09/12/2011
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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 25 year old male with a date of injury as 09/12/2011. The cause of the injury was related to a fall from a ladder sustaining injuries to the the low back and fracture of the left forearm. The current diagnoses include lumbar sprain/strain, thoracic sprain/strain, left radial mid-shaft fracture of the forearm. Previous treatments include multiple medications and home exercise program. Primary treating physician's reports dated 01/04/2012 through 12/18/2014 and first report of occupational injury or illness dated 12/01/2011 were included in the documentation submitted for review. Report dated 12/18/2014 noted that the injured worker presented with complaints that included stabbing pain in the left wrist and shoulder, severe cramps in his arm, and he cannot sleep on his shoulder. The injured worker stated that he cannot function without his pain medications and that he takes the Norco occasionally for pain. Pain level was noted to be 8 out of 10 on day of this report, 4 out of 10 with medication and 10 out of 10 without medication. Physical examination revealed limited range of motion in the neck and back, tenderness over the thoracic paraspinal muscles, pain with range of motion in the left wrist, Finkelstein's maneuver is mildly positive, tenderness in both shoulders, and mildly positive impingement signs. Treatment plan included refilling medications and continuation with exercise regimen. The physician documented that the injured worker has a signed narcotic contract and the urine drug screenings have been appropriate, but this documentation was not submitted for review. The documentation submitted supports that the injured worker has been prescribed Norco since 12/01/2011. The injured worker is not working. The utilization review performed on 12/02/2014 non-certified a prescription for Norco based on insufficient information in

documentation regarding opioids or other prescription analgesics for the injured worker's condition. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

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

Decision rationale: According to the 12/02/04 Utilization Review letter, the Norco 10/325mg, #45, requested on the 11/14/14 medical report was denied because the physician did not report side effects. The 11/14/14 medical report states the patient has ongoing pain in the left wrist and shoulder, and severe pain in the legs lately. The patient is a 26 year-old male who was injured on 9/12/2011. He was recently hospitalized for 3-days for nausea, vomiting, diarrhea, fatigue and weakness. Pain is 9/10, and without medications is 10/10, with medications it can get down to 5/10. There is 50% reduction in pain and 50% functional improvement with ADLs. The prior report is dated 8/14/14, and the patient states he only takes Norco 1-2/day when he has severe flare-up. Most of the time he does not take them. Medications were reported to reduce pain 50%. The 5/8/14 report documents 7-8/10 pain on the VAS, and reports 50% functional improvement, and states the patient is looking for employment. The 12/18/14 report states the patient takes care of his infant son while his wife works. He still has not found employment. His pain was 8/10 dropping to 4/10 with medications. The records show the patient has been on Norco for over 6-months. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The patient appears to be having a satisfactory response to Norco, with 50% decrease in pain, improvement in function and improved quality of life. The physician appears to be using the Norco in direct accordance to the MTUS guidelines section on long-term users of opioids. The request for Norco 10/325mg, #45 IS medically necessary.