

Case Number:	CM15-0104233		
Date Assigned:	06/08/2015	Date of Injury:	07/23/2001
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
 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 73 year old male, who sustained an industrial injury on July 23, 2001. The injured worker was diagnosed as having cervical, thoracic and lumbar non-allopathic lesion, paraspinal spasm, rib sprain, knee strain/sprain and spinal stenosis. Treatment to date has included Norco, Duragesic patch and Xarelto. A progress note dated April 28, 2015 provides the injured worker complains of chronic back pain with right rib and knee pain. Physical exam notes an antalgic gait and use of a cane for ambulation. He stands in a slumped over position. The plan includes Norco and follow-up.

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 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic back pain with right rib and knee pain. The current request is for 1 prescription of Norco 10/325mg #120. The treating physician states, in a report dated 04/28/15, "He is receiving Norco pain medication from this office. He is completely disabled at this time and ambulates with the aid of a cane. This California injured worker has not been able to receive Norco pain medication from this office in 2 months". (31B) The MTUS guidelines state, "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." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this review, none of these are provided. For medication efficacy, only a statement from 09/17/14 that the patient "continues to take Norco with only marginal benefit" is provided. (14B) The documentation provided is inadequate to show medication efficacy and the treating physician has failed to meet the MTUS guidelines. The current request is not medically necessary.