

Case Number:	CM15-0017556		
Date Assigned:	02/05/2015	Date of Injury:	06/07/1993
Decision Date:	04/07/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female, who sustained an industrial injury on June 7, 1993. The mechanism of injury is unknown. The diagnoses have included flare-up of back pain, lumbosacral sprain/strain, degenerative disc disease and facet arthrosis. Treatment to date has included diagnostic studies, exercises, TENS unit, Toradol injections and medications. Currently, the injured worker complains of constant back pain and muscles spasms. She reported her pain as a 10 on a 1-10 pain scale without medications and as a 4/10 with medications. She reports a 50% reduction in pain and 50% functional improvement with activities of daily living with medication. She is currently taking Norco for pain. On January 1, 2015, Utilization Review modified a request for Norco 10/325mg #90 to #68, noting the CA MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 75-78, 88, 91 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The recent review has indicated that Norco is not certified as the injured employee has 9/10 without evidence of functional improvement. However, the most recent progress note dated January 15, 2015 indicates that the injured employee has 10/10 pain without medication and 4/10 with medication. Current pain was reported to be 9/10 however it is not indicated if the injured employee was taking medications at this particular time. No side effects were noted and urine drug screens have been appropriate. There is also documentation of increased ability to function with the use of medications in the note dated December 16, 2014. The current morphine equivalent dosing this 30 mg. Considering that the MTUS criteria have been met, this request for Norco 10/325 is medically necessary.