

Case Number:	CM15-0140811		
Date Assigned:	07/30/2015	Date of Injury:	02/05/2002
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 85-year-old man sustained an industrial injury on 2-5-2002. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 2-7-2012. Diagnoses include lumbar radiculopathy, left knee strain with meniscal tear, hip-iliac crest donor site pain, gastroesophageal reflux disease, insomnia-sleep difficulties due to pain medications, and left quadriceps atrophy. Treatment has included oral medications. Physician notes dated 6-19-2015 show complaints of lumbar spine, right hip, and left knee pain rated 7 out of 10. The worker also complains of gastroesophageal reflux disease and insomnia due to chronic pain. Recommendations include Norco, Nizatidine, Cidaflex, and pain management consultation, steroid injection to the knee, orthopedic surgeon follows up, lumbosacral orthotic, home exercises and stretching, use of cane, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with complaints of lumbar spine, right hip, and left knee pain. The current request is for 1 prescription of Norco 7.5/325mg #120. The RFA is dated 06/30/15. Treatment has included oral medications. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/19/15, the patient presents with lumbar spine, right hip, and left knee pain, rated 7/10. The patient reports that the pain decreases by 50% with the use of medications. The treater requests refill of Norco in reports 06/19/15 through 08/06/14 and states in each report that medications "allows him to do his activities of daily living as best he can with his level of pain." Per report 01/26/15, the patient has not received his medication for "many months and this is the reason his pain level is so high and he unable to do any functional activities of daily living." It appears there is some gap from when the patient did not take Norco. In any case, progress reports from 06/19/15 through 08/16/14 recommend a refill of Norco, but there are no discussions of specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. A urine drug screen was administered in January of 2015, but there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS. Not all the 4A's have been addressed as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.