

Case Number:	CM15-0148031		
Date Assigned:	08/11/2015	Date of Injury:	06/05/1996
Decision Date:	09/24/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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 65 year old male, who sustained an industrial injury on 6-5-1996. The mechanism of injury is not indicated. The injured worker was diagnosed as having ankle pain and swelling from venous insufficiency, myofascial pain syndrome, multiple joints generalized osteoarthritis. Treatment to date has included urine drug screen (1-6-2015), medications, heat, cold, rest, and massage, physical therapy, chiropractic care, x-ray, and magnetic resonance imaging. The request is for Norco. A urine drug screen on 1-6-2015 was positive for hydromorphone which is consistent with prescription. On 1-6-2015, he reported ongoing right ankle pain with right foot pain. He indicated he is able to function with his current medications of Norco and Celebrex. His current medications listed are: Norco, Celebrex, Ambient, and Lipitor. He rated his previous pain on a good day as 5, current pain on good day 5, previous pain on bad day 9, and current pain on bad day 9. His blood pressure is noted to be 137 over 81. The treatment plan included: Norco, Celebrex, urine toxicology screening, home exercise program, heat, and stretches. The provider indicated CURES was reviewed routinely; however there is no indication of a current review. On 7-7-2015, he reported right foot pain with swelling. He indicated he obtains functional pain control with Norco and Celebrex. He rated his previous pain on a good day as 5 out of 10, on a bad day 9 out of 10, and current pain on a good day as 5 out of 10. His current pain on a bad day is rated 9 out of 10. The treatment plan included: refilling Norco, Celebrex, urine toxicology screening, home exercise program, moist heat, and stretches. The work status is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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: The patient presents on 07/07/15 with right foot pain rated 5/10 and associated swelling of the foot. The patient's date of injury is 06/05/96. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325MG QUANTITY 90. The RFA is dated 07/08/15. Physical examination dated 07/07/15 is unremarkable. The patient is currently prescribed Norco, Celebrex, Ambien, and Lipitor. Patient's current work status is not provided. MTUS Guidelines Criteria for Use of Opioids pages 88 and 89 under Long-Term Users of Opioids: "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 under Criteria For Use of Opioids: "Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 07/07/15 states that this patient's pain is 9/10 on a bad day, 5/10 on a good day. The progress note also has the following: "Patient continues to obtain functional pain control with current medication regimen of Norco and Celebrex." Such vague documentation does not satisfy MTUS guidelines, which require documentation via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there are validated pain scales, though it is not clearly stated that analgesia is achieved through the use of medications. There is evidence of consistent urine drug screening to date as well as an updated CURES. However, the provider does not provide any activity-specific functional improvements, and does not specifically state lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.