

Case Number:	CM15-0160212		
Date Assigned:	08/26/2015	Date of Injury:	02/05/2002
Decision Date:	10/02/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 an 85-year-old male who sustained an industrial injury on February 5, 2002 resulting in low back and left knee pain. He is diagnosed with right lumbar radiculopathy, status post two level lumbar fusion, left knee strain with medial meniscal tear, status post left knee arthroscopy, right hip and iliac crest donor site pain due to lumbar fusion surgery, and left quadriceps atrophy. Documented treatment has included use of a lumbar sacral orthotic brace which is stated to be helpful, home exercise, use of a cane, and, medication, with Norco stated in July 17, 2015 physician report to reduce pain to a level enabling him to participate in activities of daily living. The injured worker continues to present with low back pain with right-sided radiation down the right leg, and left knee pain. The treating physician's plan of care includes continuation of Norco 7.5-325 mg. The injured worker is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 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 non-adherent) 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." Per progress report dated 7/17/15, it was noted that medication reduced pain to a level enabling the injured worker to participate in activities of daily living and relieve 30-50% of pain. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report available for review is dated 5/24/14 and was consistent with prescribed medications. As the guidelines mandate at the least annual testing for low risk patients, the request is not medically necessary and cannot be affirmed.