MAXIMUS Federal Services

Case Number:	CM15-0163235		
Date Assigned:	08/31/2015	Date of Injury:	03/01/2000
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 42 year old male, who sustained an industrial injury on 03-01-2000. On provider visit dated 07-13-2015 the injured worker has reported back pain, left thigh and right wrist pain. On examination, tenderness was noted along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Lumbar range of motion was limited. Left hip end of range of motion was noted as pain. And right wrist was noted to have mild tenderness. The diagnoses have included lumbar strain with myofascial pain and back spasms, history of comminuted left femur fracture, status post ORIF with good healing-but chronic pain was noted and right wrists strain. Treatment to date has included medication. The provider requested 1 prescription of Norco 10/325mg #120.

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 Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 07/13/15 with back pain, left thigh pain, and right wrist pain. The patient's date of injury is 03/01/00. Patient is status post surgical correction of comminuted left femur fracture with open reduction and internal fixation. The request is for 1 PRESCRIPTION OF NORCO 10/325MG #120. The RFA is dated 07/14/15. Physical examination dated 07/13/15 reveals tenderness to palpation of the lumbar paraspinal muscles, iliolumbar region, sacroiliac region, and right wrist with reduced lumbar range of motion noted. The patient is currently prescribed Norco and Flexeril. A work status form dated 07/13/15 was included, though the provider failed to specify this patient's current work status. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, 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 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. Progress note date 07/13/15 has the following regarding medication efficacy: "The medications, including Norco and Flexeril are helpful." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of prior UDS inconsistency per urine toxicology report dated 04/25/13, which was negative for expected Norco metabolites. In the most recent progress note, the physician does not provide any measures of analgesia via a validated scale, any activity-specific functional improvements, or a statement regarding aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.