

Case Number:	CM15-0165001		
Date Assigned:	09/02/2015	Date of Injury:	02/21/2011
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/22/2015

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 41 year old male, who sustained an industrial injury on February 21, 2011. The injured worker was diagnosed as having cervical sprain with possible myelopathy and lower extremity weakness, thoracolumbar sprain with multilevel facet arthropathy, disc protrusions, and sprains, lumbosacral sprain with probable lower extremity radiculopathy-neuropathy, left knee sprain and internal derangement with instability and falling, right shoulder sprain with probable internal derangement, rotator cuff tear versus labral tear versus all of the above, and chronic pain with secondary severe depression and feelings of hopelessness. Treatments and evaluations to date have included TENS, MRIs, electromyography (EMG), massage, and medication. Currently, the injured worker reports upper back, neck, left shoulder, left knee, and mid and low back pain with burning neuropathic pain. The Treating Physician's report dated June 17, 2015, noted the injured worker reported the TENS unit had provided benefit and was malfunctioning, requiring a new one, with opiates were what helped him get out of bed and get through the day. The injured worker rated his current pain as 5-9 out of 10. Physical examination was noted to show a tender upper back and neck increasing with left shoulder raise, tenderness about the left knee with extension-flexion and positive crepitation and suggestion of looseness with anterior drawer testing. Tenderness of the mid back interscapular, low back, and lumbar paravertebral muscles was noted. A four-panel urine drug screen (UDS) was performed, consistent with use of prescribed medications. The treatment plan was noted to include refill of medications of Norco and Percocet. The injured worker was noted to be off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 02/21/11 and presents with cervical spine pain. The request is for Percocet 5/325 mg #60. There is no RFA provided and the patient is permanent and stationary. Treatment reports are provided from 02/15/15 to 07/27/15 and the patient has been taking this medication as early as 03/16/15. MTUS, criteria for use 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, criteria for use of opioids Section, 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, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The 03/16/15 report states that the patient rated his pain as a 4-9/10 with Norco and Percocet. "No evidence of abuse, diversion, adverse reaction or aberrant use." On 05/01/15, he rated his pain as a 7/10. The 06/17/15 report states that the patient rated his pain as a 5-9/10. The 07/27/15 report indicates that "UDS is consistent with prescribed medications use. These medications provide analgesia 4/10 and improve activities 30%. Without the medications, he has trouble getting out of bed." Although the treater indicates that the patient has no side effects/aberrant behavior and provides pain scales, there is no documentation of ADLs to demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Percocet is not medically necessary.

Norco tablets 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 02/21/11 and presents with cervical spine pain. The request is for Norco tablets 10/325 mg #150. There is no RFA provided and the patient is permanent and stationary. Treatment reports are provided from 02/15/15 to 07/27/15 and the patient has been taking this medication as early as 03/16/15. MTUS, criteria for use 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, criteria for use of opioids Section, 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, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." The 03/16/15 report states that the patient rated his pain as a 4-9/10 with Norco and Percocet. "No evidence of abuse, diversion, adverse reaction or aberrant use." On 05/01/15, he rated his pain as a 7/10. The 06/17/15 report states that the patient rated his pain as a 5-9/10. The 07/27/15 report indicates that "UDS is consistent with prescribed medications use. These medications provide analgesia 4/10 and improves activities 30%. Without the medications, he has trouble getting out of bed." Although the treater indicates that the patient has no side effects/aberrant behavior and provides pain scales, there is no documentation of ADLs to demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.