

Case Number:	CM15-0180051		
Date Assigned:	09/21/2015	Date of Injury:	02/02/2012
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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 a 64 year old female who sustained an industrial injury February 2, 2012. Past history included gastric bypass and right total knee replacement August 15, 2013. According to a primary treating physician's progress report dated July 23, 2015, the injured worker complains of persistent elbow, shoulder, wrist, and right hip-buttock pain. She reports she has been authorized to see a hand surgeon. Without medication, her pain is rated 8-9 out of 10, with medication the pain is rated 6 out of 10. She reported with medication she is able to walk and stand for an hour, exercise three to four times a week, and walks half a mile, attends church, and reads. The physician noted there is no aberrant drug-seeking behavior, consistent drug screens and she is not getting medication from other sources. Current medication included Norco 10-325mg six a day, Losartan, Celexa, and Maxzide. Objective findings are documented as no significant change. Diagnoses are right elbow fracture, electrodiagnostic studies May 6, 2014, impression severe carpal tunnel syndrome right side, bilateral L5 and left S1 radiculopathy, bilateral sensory neuropathy;(industrial disputed) right shoulder pain; MRI April 25 2014, with the conclusion; tendinosis of supraspinatus, infraspinatus and subcapularis tendons, no full thickness tear, AC joint degeneration (industrially disputed); wrist pain; chronic right buttock and lower extremity pain; MRI April 25, 2014, showed wide paracentral disc protrusion at L4-5, degenerative disc changes L4-L5, L5-S1, left-sided foraminal stenosis at L5-S1; right hip pain; MRI of the right hip dated March 4, 2015, shows degenerative joint disease, subtle tear of the labrum. Treatment plan documented she is stable on medication, refills provided, and Norco dispensed. At issue, is the retrospective request for Norco 10-325mg #180

with a date of service of July 23, 2015. According to utilization review decision dated August 25, 2015, the retrospective request (DOS July 23, 2015) Norco 10-325mg Quantity: 180 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #180 with a DOS of 7/23/2015: Overturned

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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 8/20/15 it was noted that the injured worker's pain level without medications is 8-9/10, with medications it goes down to 6/10. With medications, the injured worker reports that she is able to walk and stand up to about an hour. Without medications she is only able to do that for half an hour. She is able to exercise about 3-4 times a week and she walks half a mile. She is able to do short spurts of cooking and cleaning. She is able to interact with her friends and family, which she does about once a week. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker has provided consistent UDS. UDS dated 11/2014 was appropriate. I respectfully disagree with the UR physician's assertion that the documentation submitted for review does not support on-going opiate therapy. The request is medically necessary.