

Case Number:	CM15-0183570		
Date Assigned:	09/24/2015	Date of Injury:	07/19/2012
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 51 year old male with a date of injury on 7-19-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain, neck pain, cervical disc disease, cervical radiculitis, right shoulder pain, low back pain, thoracic pain and carpal tunnel syndrome. Medical records (1-29-2015 to 8-31-2015) indicate ongoing right shoulder, low back, bilateral knee and bilateral hip pain. The injured worker rated his pain as seven to eight out of ten without medications and five to six out of ten with medications. He reported that he was able to walk his dog and help his wife around the house. The physical exam (8-31-2015) revealed mild effusion right knee. There was tenderness on the medial joint line of the right knee. He ambulated with a standard cane with an antalgic gait. Treatment has included carpal tunnel surgery and medications. He was seeing a psychiatrist under his private insurance. The injured worker has been prescribed Norco since at least October 2014. The treating physician indicates that the urine drug testing result (8-3-2015) was consistent with the prescribed medications. The request for authorization dated 9-1-2015 was for Norco. The original Utilization Review (UR) (9- 9-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325 mg #120: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 8/31/15 progress report provided by the treating physician, this patient presents with continued neck pain, ringing in right ear, low back pain, bilateral knee pain, right hip pain, and left-handed numbness/tingling with pain rated 7-8/10 without medications and 5-6/10 with medications. The treater has asked for Norco TAB 10-325 MG #120 on 8/31/15. The patient's diagnoses per request for authorization dated 9/1/15 are cervical DDD, cervical radiculitis, B/L CTS, right shoulder pain, and right knee pain. The patient is currently taking Norco and Flexeril per 8/31/15 report. The patient is s/p right carpal tunnel surgery on 4/30/14, which helped per 2/26/15 report. The patient also has a history of right shoulder surgery and right knee surgery, both unspecified per 8/31/15 report. The patient had electrodiagnostic studies done on 9/13/13, which showed right C7 radiculitis and mild bilateral carpal tunnel syndrome per 2/26/15 report. The patient's work status is temporarily totally disabled per 8/31/15 report. 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, p77, 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 treater does not discuss this request in the reports provided. Patient has been taking Norco since 1/29/15 and in reports dated 2/26/15 and 8/31/15. MTUS requires appropriate discussion of all the 4A's. In this case, the treater does describe that Norco helps him to walk his dog, help his wife with chores such as washing dishes, doing laundry, and feeding chickens per 8/31/15 report. The patient does not report any adverse side effects, and the treater does state that the patient's pain is reduced from 7-8/10 to 5-6/10 with pain medications which currently includes only Norco. The most recent UDS on 8/3/15 was consistent, a CURES report on 8/28/15 showed the patient is only receiving opiates from the requesting physician and the patient has an opioid contract with the requesting physician. Given the documentation of the 4A's as required by MTUS, the request does meet the specifications given by the guidelines. Therefore, the request IS medically necessary.