

Case Number:	CM15-0186383		
Date Assigned:	10/06/2015	Date of Injury:	08/15/2004
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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, Hawaii

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 59 year old male, who sustained an industrial injury on 8-15-2004. The injured worker is being treated for foot pain status post tarsal tunnel release and CRPS left foot. Treatment to date has included surgical intervention, medications, diagnostic testing, massage and chiropractic. Per the Primary Treating Physician's Progress Report dated 8-19-2015, the injured worker presented for medications and review of labs and x-ray results. He reported chronic left lower extremity pain with muscle weakness, muscle pain and spasms. EMG (electromyography) and NCS (nerve conduction studies) dated 6-24-2015 showed "recurrent tarsal tunnel syndrome as well as lumbar L5 radiculopathy. His average pain over the last week was 6 out of 10. Objective findings included tenderness of the lumbar spine at L4-5, L5-S1 and the left sciatic notch. There was allodynia noted in the left foot and ankle. The IW has been prescribed Norco since at least 4-21-2015. He is also prescribed Tramadol. Per the medical record dated 7-12-2007 he has been taking Tramadol "for a number of years." Work status was not documented at this visit. The plan of care included refills of Ultram and Norco. Authorization was requested on 8-26-2015 for Butrans patch 20mcg #4, Norco 10-325mg #180 and Lyrica 75mg #90. On 9-02-2015, Utilization Review modified the request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 3x daily, max 6/day #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The patient presents with pain affecting the left lower extremity. The current request is for Norco 10/325mg 1-2 3x daily, max 6/day #180. The treating physician report dated 10/14/15 (2C) states, "He states that without pain medications he is largely sedentary and is concerned that he is starting to gain weight." The report goes on to state, "He is a good candidate for continued opioid therapy carefully considering the 4 As. The report dated 7/21/15 (186B) states, "The patient has experienced pain relief and functional improvement with the use of opioid pain medications and has not escalated dose. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided show the patient has been taking Norco since at least 4/21/15 (31B). The report dated 7/21/15 (184B) notes that the patient's current pain level is 4-5/10. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADL's have improved such as the ability to go for daily walks and take care of his house. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.