

Case Number:	CM15-0186386		
Date Assigned:	09/28/2015	Date of Injury:	12/19/2013
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on December 9, 2013. The injured worker was diagnosed as having chronic right thigh contusion with soft tissue swelling, chronic low back sprain, probable right hip contusion with trochanteric bursitis on the right and persistent swelling of the right posterolateral thigh area. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Evaluation on March 13, 2015, revealed pain and swelling in the right thigh and low back pain. It was noted the Norco gives him pain relief and improved physical and psychosocial functioning. It was noted magnetic resonance imaging (MRI) of the right thigh on February 11, 2015, revealed no muscle or soft tissue pathology to explain the clinical presentation. Norco was continued and physical therapy was recommended. The orthopedic progress note on June 23, 2015, revealed the injured worker noted some improvement with physical therapy. It was unclear how many sessions he had attended. It was noted he may benefit from 6 more sessions of physical therapy. Evaluation on July 17, 2015, revealed continued right thigh pain and swelling. It was noted the thigh swelling was approximately 50% compared to his initial visit. Norco was continued. Continuing physical therapy and a TENS unit trial were recommended. Evaluation on August 14, 2015, revealed continued pain in the right thigh, buttock and low back. It was noted Norco improved physical and psychosocial functioning. Norco was continued. The RFA included a request for Norco 5/325mg, #120 and was modified on the utilization review (UR) on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain.(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of significant subjective improvement in pain such as VAS scores. There is also no objective measure of improvement in function. For these reasons, the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request is not medically necessary.