

Case Number:	CM15-0188562		
Date Assigned:	09/30/2015	Date of Injury:	01/12/2009
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female who sustained an industrial injury on January 12, 2009. A recent pain management visit dated July 21, 2015 reported subjective complaint of pain level rated a "5" in intensity out of 10. She reports that she will be traveling out of state for two months on August 31, 2015 visiting family and is deferring aquatic therapy until she returns. She is requiring medication refills for: Lidoderm patches, Flexeril, and Voltaren gel. She previously stated: "approximate 25% relief with Toradol injection to bilateral knees performed on June 18, 2015." Of note, "she has not yet been able to reduce her Norco max 4 days", stated "flare up" of her knee pain after recent fall on stairs. Current medications consisted of: Colace, Celebrex, Voltaren gel, Flexeril, and Norco. Previous treatment to include: activity modification, oral pain medications, topical analgesia, injection, and physical therapy. The following were prescribed this visit: Voltaren gel, Flexeril, Lidoderm patch, and Norco. Pain management follow up dated August 18, 2015 reported narcotic agreement signed that day. The plan of care described the following prescriptions: 2 set given today of current medications as she will be traveling out of state. On August 18, 2015 a request was made for Norco 10mg 325mg #360 that was noted noncertified by Utilization Review on September 01, 2105.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request after previously facilitating an appropriate weaning plans. Therefore, the requested quantity of Norco is not considered medically necessary.