MAXIMUS Federal Services

Case Number:	CM15-0022798		
Date Assigned:	02/12/2015	Date of Injury:	09/01/2001
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
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 71 year old male, who sustained an industrial injury on 9/01/2001. The diagnoses have included cervical and lumbar degenerative disc disease with severe spinal stenosis, left shoulder degenerative joint disease, bilateral osteoarthritis of the knees, bilateral carpal tunnel syndrome, and depression. He is status post right knee arthroscopy (1984) and left knee arthroscopy (undated). Other treatment to date has included medications, weight loss program, physical therapy, TENS unit and activity modification including a wheelchair. Currently, the IW complains of bilateral wrist pain, shoulder pain, left hand pain, right knee pain low back pain and bilateral neck pain. Objective findings of the knee included swelling on the lateral and medial on the left side, diminished left shoulder range of motion with tenderness, diminished range of motion with tenderness and spasm of the cervical and lumbar spine regions, and tenderness and diminished range of motion of both wrists. It appears that the injured worker had been prescribed the opioids Nucynta 75 mg four times a day and Norco 5/325 mg three times a day until 10-15-2014. At that point, it seems the dose of the Norco was increased to 7.5/325 mg three times a day. On 1/07/2015, Utilization Review modified a request for Norco 7.5/325mg noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. No sources were cited. On 2/06/2015, the injured worker submitted an application for IMR for review of Norco 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg Quantity 90, refills none listed, for submitted diagnosis of bilateral pain as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients treated with opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Pain status should be assessed at each visit, a formal functionality assessment should occur every 6 months, and monitoring for aberrant drug taking behavior should occur via urine drug screening with pharmacy database monitoring periodically depending upon the individual's risk for inappropriate opioid use. in this instance, it appears the injured worker is fairly new to the treating physician and perhaps not enough time had yet elapsed for more urine drug screening or functionality assessments to be necessary. however, no quantified assessment of the injured worker's pain was done at either the 10-15-2014 or the 12-15-2014 visits. Typical pain questions should include least pain, average pain, worst pain, duration of analgesia, and time to onset to analgesia. the only insight provided by the submitted documentation was that "the meds help only some". Consequently, it does not appear that the minimum requirements for chronic opioid therapy have been met even when allowing for the relative patient-provider unfamiliarity that may have existed to date. Therefore, Norco 7.5/325mg quantity 90 was not medically necessary in view of the submitted medical record and with reference to the cited guidelines.