

Case Number:	CM15-0023898		
Date Assigned:	02/13/2015	Date of Injury:	08/30/2005
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 58 year old male who sustained an industrial injury on 08/30/2005. Current diagnoses include head injury with loss of consciousness and subsequent headaches, memory loss, poor concentration, and tinnitus in both ears, psychiatric depression/anxiety, cervical spine sprain/strain with mutli-level disc protrusion and bilateral cervical radiculopathy, bilateral shoulder pain with evidence of internal derangement, lumbar sprain/strain and multi-level disc protrusions with annular tears, bilateral knee pain with evidence of internal derangement and osteoarthritis, and diabetes mellitus. Previous treatments included medication management, medial branch blocks, elbow surgery, acupuncture, aquatic therapy, psychiatric treatments, bilateral knee injections, and chiropractic treatments. Report dated 01/19/2015 noted that the injured worker presented with complaints that included low back, knees, and shoulders pain, and tinnitus and feeling off balance. Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for Norco, the UR denial rationale was not provided. The reviewer referenced the California MTUS/ACOEM/Official disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with low back, knees, and shoulders pain, rated 7/10 without and 2/10 with medication, and tinnitus and feeling off balance. The request is for NORCO 10/325 MG. The RFA provided is dated 01/22/15. Patient's diagnosis included cervical spine sprain/strain with mutli-level disc protrusion and bilateral cervical radiculopathy, bilateral shoulder pain with evidence of internal derangement, lumbar sprain/strain and multi-level disc protrusions with annular tears, and bilateral knee pain with evidence of internal derangement and osteoarthritis. Patient is temporarily totally disabled. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been treated with Norco at least since 09/22/14. The urine toxicology administered on 12/19/14 was consistent with the prescribed medications. Per the progress report dated 01/19/15, the patient notes greater than 50% improvement in pain levels and approximately 40 to 50% improvement in function. The patient states with the use of Norco he is able to ambulate for longer distances and is able to stand for longer periods of time. He is also better able to participate in his activities of daily living including light housekeeping, assisting with cooking, and grocery shopping. Treater further states, "the patient shows no evidence of drug seeking behaviors. He has signed a pain medication agreement and remains compliant with those terms. The patient has undergone random urine drug screening, which continues to demonstrate compliance. The patient denies any adverse side effects with the medications. " In this case, given the patient's pain reduction, improved functionality, and other documentation regarding opiates management, the request IS medically necessary.