

Case Number:	CM15-0210075		
Date Assigned:	10/29/2015	Date of Injury:	01/18/2006
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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 01-18-2006. Medical records indicated the worker was treated for lumbar discogenic pain, lumbar disc herniation, and osteoarthritis of both knees. He also has complaints of depression and anxiety. His psychotherapy progress notes (09-29-2015) note he has been taught practiced relaxation and visualization and supportive reflection and finds it useful as a stress reliever. In the provider notes (08-19-2015 and 09-15-2015), the worker is re-evaluated for his low back and knee pain. Treatments have included a lumbar epidural steroid injection for his back (which gave three to four days of significant relief) and an orthopedist for his bilateral knees. He complains of aching in the low back and pain in his bilateral knees. His pain levels on a scale of 0-10 are a 7-8 without medication, a 5-6 with medication. The pain is increased with prolonged positioning. It is decreased with medication, lying down, standing, and sitting. He is taking Norco (since 04-29-2015) 2-3 times daily. His medications also include gabapentin, naproxen, omeprazole, and tramadol. He has complaint of numbness radiating to lateral legs. On exam, he has tenderness in the paraspinal muscles and facets L4-S1 with range of motion of 50 degrees of flexion and 15 degrees of extension. There is an increase in pain with extension. His reflexes are 2 in the right patella and 1 in the left. The right extremity has 5 out of 5 muscle strength with 4 out of 5 on the left. The left knee has swelling at the joint line with tenderness and decreased extension, and lateral instability. His right knee has tenderness at the joint line. The medications give him good relief with no reported side effects and no report of aberrant behavior. Medications are noted to improve his ability to function and be able to help around the house and

do regular exercise. He has one provider of his narcotics, and there is a signed opioid agreement in the chart, and his urine toxicology (08-25-2015) was consistent with his medication. A request for authorization was submitted for Norco 10/325mg #90. A utilization review decision 09-30-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004.

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

Decision rationale: The current request is for Norco 10/325MG #90. Treatments have included a lumbar epidural steroid injection, left knee anthropic surgery March 2006, left total arthroplasty (07/14/09), work modification, use of a cane, physical therapy, and medications. "Work status: Permanent and stationary." MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/15/15, the patient presents for re-evaluation of his chronic lower back and bilateral knee pain. The patient has had two prior knee surgeries. His medications include Norco, gabapentin, naproxen, omeprazole, and tramadol. His pain levels are 7-8/10 without medication, and 5-6/10 with medication. The medications give him good relief with no reported side effects. Medications are noted to improve his ability to function and he is able to do some chores, perform regular exercises, and help his wife around the house. There is a signed opioid agreement in the chart, and his urine toxicology from 08/25/15 was consistent with his medications prescribed. CURES report from 08/12/15 was consistent with one provider dispensing medications. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.