

Case Number:	CM15-0034787		
Date Assigned:	03/03/2015	Date of Injury:	04/04/2008
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 61 year old male, who sustained an industrial injury on April 4, 2008. The diagnoses have included lumbago, closed fracture of the paella, carpal tunnel syndrome, osteoarthritis, wrist and hand pain, rotator cuff tear, biceps tendinitis and shoulder pain. Treatment to date has included medications. Currently, the injured worker complains of low back pain and leg pain which he reports is unchanged from the previous visit. The injured worker is managing his pain with medications and reports that they are helpful and well-tolerated. He reports that the medications help relieve the pain so he can be more active including working on his property, standing and walking for long periods of time and spending time with his family. On examination, the injured worker has 4+/5 bilateral lower extremity strength and his sensation is intact. Sensation is diminished in the legs bilaterally and his sciatic notches are pain free on palpation. His sacroiliac joints are non-tender and he has minimal tenderness over the paraspinal muscles. He has limited flexion and extension due to increased pain. On February 18, 2015, Utilization Review modified a request for Norco 10/325 mg #120, noting that the request was modified to allow for weaning purposes. The California Medical Treatment Utilization Schedule was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88 and 89.

Decision rationale: This patient presents with low back and leg pain. The request is for Norco 10/325mg #120 on 01/15/15. The patient work status is retired per 02/04/15 report. The request was certified by the utilization review letter dated 02/18/15 with modification to Norco 10/325mg #55. The reports do not state how long the patient has been taking this medication; however, it is listed as a medication on the 07/18/14 report. 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. Per 02/04/15 report, the pain level is at 9/10 without medications and at 4/10 with medications. The provider states that "the medications are helpful and well tolerated [medications] relieve pain so he can be more active, including doing work on his extensive property, standing and walking for longer periods of time, and doing things with his family." In this case, in addressing the 4A's, provider has documented analgesia with proper pain scales and some general functional measures are provided. However, there is no discussion regarding aberrant behavior including UDS, CURES, pain contract, etc. There is no discussion regarding any side effects either. There is insufficient documentation of the 4A's, as required by MTUS. Therefore the request is not medically necessary.