

Case Number:	CM15-0041286		
Date Assigned:	03/11/2015	Date of Injury:	06/22/1995
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii
 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 49 year old male, who sustained an industrial injury on 6/22/95. He reported left arm pain. The injured worker was diagnosed as having pain in foot/leg/arm/digit and long term use of medications. Treatment to date has included oral medications including narcotics and duragesic patch. Currently, the injured worker complains of continued pain in left forearm and right leg. He states medications help to reduce the pain. The treatment plan was to continue with current treatment, duragesic patches allow him to continue working full time and medications help to relieve the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

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

Decision rationale: The patient presents with pain affecting the left forearm and right leg. The current request is for Norco 10/325mg #120. The treating physicians report dated 1/16/15 (115B) states, "medications are helping to reduce pain." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 3/28/13. The report dated 1/16/15 notes that the patient's pain is 4/10 while on current medication. No adverse effects or adverse behavior were noted by the patient. The patient's ADL's have improved such as the ability to work full time without restrictions. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is the request for Norco 10/325 #120 is medically necessary.