

Case Number:	CM15-0048189		
Date Assigned:	03/20/2015	Date of Injury:	06/30/2010
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial injury on 6/30/2010. He has reported an automobile accident resulting in back and hip pain. The diagnoses have included contracture of pelvic joint, left hip labral tear, osteoarthritis of the left hip, thoracic/lumbar neuritis, traumatic arthropathy pelvis/thigh and major depressive disorder. He is status post left hip surgery 12/7/12 and lumbar laminotomy and facetectomy, date unknown. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, rest, ice, elevation, physical therapy, cognitive behavioral therapy, and therapeutic injection. Currently, the IW complains of chronic pain involving the left low back, hip and radiating leg pain rated 9-10/10 VAS without medication and 7/10 VAS with medication. The physical examination from 1/12/15 documented painful and guarded Range of Motion (ROM) in lumbar spine, hip with decreased strength noted. The plan of care included Norco and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." I respectfully disagree with the UR physician. The progress note dated January 12, 2015 indicates that Norco is only indicated for continued waiting and states that this medication is not show significant improvement or a return to work. However, the progress note dated January 12, 2015 states that the injured employee has an objective decrease in pain and increased ability to function with the usage of Norco. There are also no side effects noted or evidence of aberrant behavior. The pain contract is also in place. The California MTUS guidelines do not indicate that returned to work as a criteria for continued usage of opioid medications. For these reasons, this request for Norco 10/325 mg is medically necessary.

Relafen 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: I respectfully disagree with the UR physician. The previous review indicates that there has been no improvement with the usage of Relafen and that it should be limited to short-term treatment of acute exacerbations in chronic pain patients. The California MTUS guidelines indicates that NSAIDs such as Relafen are first-line medications to decrease pain and improve function. The MTUS also does not mandate documentation of significant functional benefit or limitation to short term use only for the continued use of NSAIDs. This medication is indicated for the injured worker's low back and hip pain. The request is medically necessary.