

Case Number:	CM15-0055447		
Date Assigned:	03/30/2015	Date of Injury:	12/11/2009
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 52 year old male, who sustained an industrial injury on December 11, 2009. The injured worker had sustained multiple right-sided injuries related to a thirty-foot fall from a ladder. The injured worker underwent emergency right elbow surgery for a fracture. A short time later, the injured worker underwent right hip surgery. The diagnoses have included multiple rib fractures, right distal humerus fracture, chronic lumbosacral sprain/strain, lumbar spondylosis, chronic intractable pain, right leg radiculopathy with foot drop and a pelvic fracture. Treatment to date has included medications, radiological studies, physical therapy and right elbow and right hip surgery. Current documentation dated February 10, 2015 notes that the injured worker reported continued pain in the right arm and lower back, which radiated to the right lower extremity. The injured worker reported a decrease in pain with his current medications. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles bilaterally. Sensation was decreased in the right lumbar four-lumbar five and sacral one dermatome distribution. The treating physician's plan of care included a request for Norco 10/325 mg # 90.

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 Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain in right arm, and low back radiating to right lower extremity, both rated at 8/10 without and 3/10 with medication on VAS. The request is for Norco 10/325MG #90. The request for authorization is for Norco 10/325mg #180 and dated, 02/10/15. The patient is status-post right elbow and right hip surgery ORIF, dates unspecified. He has failed to improve with conservative care, including life style modifications, medication and physical therapy. The patient is approved for a pain management consultation and is pending scheduling with [REDACTED]. The patient gets good analgesic effects with his current medication regimen, increased activities of daily living, no significant adverse side effects, and no concern for aberrant behavior. Medication helps the patient with grooming, toileting, walking independently, climbing stairs, shopping, cooking and doing housework. The patient is consistent with follow up care and does have a current pain contract on file. The patient provides random urine drug screen when requested. Patient's medications include Norco and Restoril. The patient is permanent and stationary. 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 4A's (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, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 03/02/15, treater's reason for the request is "The patient continues to utilize Norco for his ongoing pain complaints." The patient is prescribed Norco since at least 12/05/14. In addressing the 4A's, treater documents and discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's, such as grooming, toileting, walking, climbing, shopping, cooking and doing housework. Analgesia is discussed also, with pain rating from 8/10 to 3/10, specifically showing significant pain reduction with use of Norco. Furthermore, there is documentation and discussion regarding the absence of adverse effects and aberrant drug behavior. The patient provides random UDS and a signed pain contract is on file. Therefore, the request IS medically necessary.