MAXIMUS Federal Services

Case Number:	CM15-0056193		
Date Assigned:	04/01/2015	Date of Injury:	05/26/1997
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/24/2015

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, 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 58 year old female, who sustained an industrial injury on 5/26/97. She reported right foot and ankle injury. The injured worker was diagnosed as having chronic pain syndrome, reflex sympathetic dystrophy of lower limb, bilateral knee pain, lumbosacral spondylosis without myelopathy, morbid obesity and adjustment disorder with mixed anxiety and depression. Treatment to date has included trigger point injections, oral medications including narcotics, surgical repair of right ankle, right ankle brace, lumbar sympathetic blocks, corticosteroid injections, aquatic therapy, physical therapy, TENS unit and surgeries. Currently, the injured worker complains of bilateral low back pain with radiation down bilateral buttocks and legs accompanied with numbness and tingling. Upon physical exam dated 3/4/15, it is noted the injured worker is wheelchair bound, piriformis tenderness is noted bilaterally and decreased sensation of lower extremities is also noted. The treatment plan included refilling pain medications including Tylenol with Codeine, Fentanyl patch and Norco. A progress report dated March 2015 states that the patient uses Norco for pain management to stay active and maintain functionality. Risk assessment has been carried out, narcotic agreement is in place, pill counts are done every visit, urine toxicology and CURES reports are done at regular intervals and randomly in the patient is in compliance.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged that there should be better documentation of analgesic efficacy and objective functional improvement. However, these things have been discussed in general terms, and due diligence is being performed in monitoring the patient appropriately. As such, a 1-2 month prescription is reasonable to allow the requesting physician time to better document analgesic efficacy and objective functional improvement in specific terms. In light of the above, the currently requested Norco is medically necessary.

Norco 10/325mg #90 (do not fill before 4/8/2015): Overturned

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

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