MAXIMUS Federal Services

Case Number:	CM15-0086506		
Date Assigned:	05/08/2015	Date of Injury:	04/06/2010
Decision Date:	06/09/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/05/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female who sustained an industrial injury on 04/06/2010. Current diagnoses include cervical spine disc rupture, thoracic spine strain, lumbar spine disc bulge, status post left shoulder surgery, right elbow strain, right carpal tunnel syndrome, left carpal tunnel syndrome, left hip pain, right knee strain, left knee strain, right ankle internal derangement, right ankle plantar fasciitis, and left ankle strain. Previous treatments included medication management, physical therapy, and left shoulder surgery. Previous diagnostic studies include MRI's of the right ankle and left ankle, echocardiogram, EKG, and urine drug screen. Report dated 04/08/2015 noted that the injured worker presented with complaints that included neck, upper and lower back, left shoulder/arm, left elbow/forearm, right and left wrist/hand, left hip/thigh, right and left knee/leg, and right and left ankle pain. The injured worker also had new complaints of loss of bowel and bladder control, and new pain in the right groin and right lower chest. Pain level was not included. Physical examination was positive for decreased light touch sensation in the left mid anterior thigh, left mid lateral calf, and left lateral ankle. The treatment plan included renewed prescriptions for Norco and Meloxicam, request for cervical and lumbar epidural injections, request for physical therapy and acupuncture, consults with pain medicine, internal medicine, orthopedist, foot surgeon, and hand specialist, and follow up in 5 weeks. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-78.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting Norco do not detail how long the medication would actually be expected to last, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan and follow up. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, and the lack of objective evidence of functional improvement while taking the medication, the request for Norco is not considered medically necessary.