

Case Number:	CM14-0140583		
Date Assigned:	09/10/2014	Date of Injury:	06/03/2011
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old female who was injured on 06/03/2011 when his vehicle was rear-ended by another vehicle. Past medications as of 07/22/2014 included Norco, Flomax, atorvastatin, and allopurinol. On evaluation note dated 07/22/2014, the patient presented with complaints of pain in the lower back radiating to the right lower extremity to just above the knee; knee pain and shoulder pain. He rated his pain as 5/10 in the neck, 6/10 in the left shoulder, 10/10 in the lower back. Objective findings on exam revealed lumbar spine extension produce mild pain in lower back and increased symptoms on flexion in lower back and right hip. Motor strength testing was 5/5 in all planes. There was tenderness to palpation of the paraspinal muscles. Prior utilization review dated 08/18/2014 states the request for Norco 10/325mg #120 is partially certified and has been modified to Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The MTUS Chronic Pain Guidelines regarding on-going management of opioids states, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects... Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life... The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, the Doctor's First Report of Occupational Injury states "The patient is given a refill of Norco... The patient does use this medication approximately four times a day for pain which has benefitted him since the cervical spine surgery on May 15, 2012" which qualifies as on-going management of opioids. There is no documented history of the 4 A's aside from the statement that it has "benefitted him." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.