

Case Number:	CM14-0147701		
Date Assigned:	09/15/2014	Date of Injury:	07/19/2012
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 & 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 49 year old male who was injured on 09/19/2012 while he was he was preparing a manhole. He was hit by a bucket that had become loose and fell onto the patient injuring his neck, back, right arm, and right knee. Prior treatment history included clonazepam, Viibryd, Metoprolol, Lortab. The patient underwent partial thickness tear of the right supraspinatus tendon on 05/20/2013. Diagnostic studies were reviewed urine drug screening dated 07/18/2014 revealed consistent results with the pain medications. Progress report dated 08/15/2014 states the patient presented with complaints of neck pain, upper back pain, right shoulder pain, and right knee pain. He rated his pain as 7-8/10 without his medications and 5-6/10 with his medications. On exam, right shoulder AROM revealed flexion from 0-90 degrees and abduction 0-90 degrees. The right knee AROM revealed extension lag at 20 degrees and flexion up to 100 degrees. The patient is diagnosed with right knee pain, neck pain, cervical disc disease, cervical radiculitis, right shoulder pain, low back pain, thoracic pain, and carpal tunnel syndrome. The patient was recommended to continue Norco 10/325 mg #120 as it was helping him to function with household chores, walking the dog, and doing the dishes. Prior utilization review dated 08/26/2014 states the request for Norco 10/325 mg is modified to certify Norco 10/325 mg #60 to allow for documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Unspecified amount: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): , page(s) 75-94.

Decision rationale: The above MTUS guidelines for ongoing-management of opioids states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 non-adherent) 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, it appears the 4 A's are addressed. Note from 8/15/14 states "He rates his pain as 7-8/10 without the pain medication and 5-6/10 with the pain medication... He is doing well on his pain medications. The pain medications allow him to function. He is able to walk his dog. He is able to help his wife around the house - wash the dishes, helps with laundry, feeds the chicken. He does not report any adverse reaction to the pain medications. The last urine toxicology testing was done on 7/18/14 and the results were consistent with the pain medications I am prescribing for him." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.