

Case Number:	CM14-0175524		
Date Assigned:	10/28/2014	Date of Injury:	05/19/2005
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on May 19, 2005. His diagnoses include lumbago, bulging lumbar disc, lumbar facet arthropathy, cervicalgia, and lumbar radiculitis. His medications include Norco and Methadone for pain, Docusate for constipation secondary to narcotic use, and Diazepam for muscle spasm and panic attacks. Pain level is 9-10/10 without his pain medications and 6-7/10 with his pain medications. According to the medical record: "With continued use of his pain medications he is able to care for 2 young grandchildren (1yr and 5yrs old), walk in the park with his friends 1/2 mile twice weekly, perform light yard work (i.e. rake leaves), mowing his lawn, going grocery shopping with wife, and care for dog." He is not working due to disability. It is stated that C.U.R.E.S. on 3/18/14 and UDS on 3/14/14 were appropriate. He was observed to have an antalgic gait and had palpable lumbar paravertebral tenderness and restricted lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

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

Decision rationale: The criteria for ongoing pain management with opioid medication are met. It appears he is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain scale showing reduction in pain and improvement in function but not complete resolution of pain or restoration of function. Furthermore clinical observation demonstrated persistent pain and therefore would not expect a lower dose to be warranted. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there was report of constipation managed with docusate, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found based on C.U.R.E.S. and UDS. There was continued review of the overall situation in regards to non-opioid means of pain control including use of diazepam. The worker was being followed by a pain specialist. He had had psychological consultation and the 4 A's of opioid management were met as discussed above. Therefore, the Norco 10/325mg #120 with 2 refills is medically necessary and appropriate.