

Case Number:	CM14-0212501		
Date Assigned:	01/02/2015	Date of Injury:	01/23/2003
Decision Date:	03/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

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 37 year old female with an injury date of 01/23/08. The 12/04/14 progress report states that the patient presents with neck pain radiating down the right upper extremity, lower back pain radiating down the right lower extremity and left knee pain. All pain is rated 7/10 with medications and 10/10 without. The right knee continues to bother the patient due to chronic altered gait. The patient was released to modified work on 09/22/14 per the 09/22/14 report. Examination of the cervical spine shows tenderness and spasms of the paracervical muscles and over the base of the neck and skull. There is decreased sensation in the right ulnar nerve distribution as well as palpable tenderness and spasms of the paravertebral muscles bilaterally of the lumbar spine. The patient's diagnoses include: 1. S/p left knee arthroscopy with ACL reconstruction 05/09/132. Internal derangement, left knee3. L4-5 facet arthropathy4. Chronic lower back pain5. C5-6 disc herniation6. Intermittent right cervical radiculopathyThe patient has been approved for 6 sessions of physical therapy for the lumbar spine and a lumbar support wedge as well as an Endocrinologist consult. Current medications are listed as: Norco, Restoril, Zanaflex and Prilosec. The utilization review is dated 12/01/14. Reports were provided for review from 07/09/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with pain in the neck radiating down the right upper extremity, lower back pain radiating down the right lower extremity and left knee pain along with right knee pain due to altered antalgic gait. The current request is for Norco 10/325mg quantity 90 (Hydrocodone, an opioid). The RFA is not included. The utilization review does not state the date of this request. The 12/04/14 report discussed appeal of the UR decision. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that the patient has been prescribed this medication since at least 07/28/14. Reports show that pain is routinely assessed through the use of pain scales from 07/28/14 to 12/04/14. Pain with medication is 4/10 and 8/10 without on 08/12/14 and 7/10 with and 10/10 without on 12/04/14. The reports show that the patient was released to modified work; however, the reports do not state if the patient is currently working. The treater states that medications increase the patient's ADL's; however, no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are addressed. The treater states there are no significant side effects or aberrant behavior, that there is pain contract and UDS's are run. A copy of the 08/15/14 Urine Toxicology report is included showing the presence of Hydrocodone and Norhydrocodone. In this case, ADL's have not been sufficiently documented as required by MTUS. Therefore, the request IS NOT medically necessary.