MAXIMUS Federal Services

Case Number:	CM14-0213753		
Date Assigned:	12/31/2014	Date of Injury:	02/13/2014
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabn

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 42 year-old female with a 2/13/2014 date of injury. Medical reports from 4/27/2014 through 12/23/14 are provided for this review. According to the 11/12/14 Doctors First Report, the patient injured her low back and right knee from a slip and fall. The diagnoses include: lumbar sprain; lumbar degenerative disc disease with desiccation at all levels, 2-mm bulge at L4/5, 3.5mm bulge at L5/S1 and facet joint arthropathy L1/2 through L5/S1 per 7/14/14 MRI; lumbar spine chronic radiculopathy, bilaterally at S1 and left L5 per EMG/NCV of 9/22/14; left knee contusion, resolved; right knee sprain. The treatment plan includes LESI; changing Mobic to Relafen; Flector patch as needed; the physician added Norco 5mg #90 and gabapentin 300mg #30; and placed the patient on TTD. On 11/26/2014, utilization review modified a request for Norco allowing #45 for weaning because the reviewer did not see documentation of functional improvement and does not know if the patient returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg (#90): Overturned

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): 76-80,8.

Decision rationale: The patient injured her lower back and right knee from a fall on 2/13/14. She was being managed by an occupational medicine specialist through 9/18/14. The records show she was using Mobic and Elavil. Subsequent to the occupational medicine treatment, she was referred to an orthopedist, who performed his initial evaluation on 11/12/14. The orthopedist prescribed Norco 5mg, #90 for pain, and UR denied the initial prescription for Norco because the reviewer did not see functional improvement. It is not clear why UR requires documentation of functional improvement of a medication before the medication has been tried. MTUS page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids, outlines the steps in establishing a treatment plan, Steps to take before a Therapeutic Trial of Opioids and Initiating Therapy MTUS page 8 under pain outcomes and endpoints states: fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary The new treating physician has recommended a trial of Norco 5mg, #90. The physician has discussed a treatment plan; notes neuropathic and nociceptive pain; notes prior non-opioid analgesics, and measures baseline function and pain levels. The MTUS criteria for a trial of opioids has been met. The initial request for Norco 5mg (#90) IS medically necessary.