

Case Number:	CM14-0215361		
Date Assigned:	01/02/2015	Date of Injury:	10/13/2003
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

59y/o male injured worker with date of injury 10/13/03 with related abdominal scar pain, flank pain, and stimulator site pain. Per progress report dated 11/4/14, the injured worker complained of sharp and achy pain with skin hypersensitivity. He rated his pain 4/10 with medication and 8/10 without medication. Per physical exam, 1+ tenderness with hyperalgesia, absent sensation to light touch, and allodynia about the left flank and gluteal scars with mild paraspinal spasm were noted. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review supports the ongoing use of norco. Per progress report dated 11/4/14, it was noted that it reduced his pain from 8/10 to 4/10. It also allowed him to stand, sleep, sit, and walk. It was noted that narcotic agreement was present and was updated 3/6/14. CURES was compliant as of 7/2013, and UDS was completed routinely and was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation did not support medical necessity. The request is medically necessary.