

Case Number:	CM15-0003275		
Date Assigned:	01/14/2015	Date of Injury:	09/27/2004
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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 injured worker is a male patient, who sustained an industrial injury on 09/27/2004. A secondary treating visit dated 12/08/2014 reported chief subjective complaints with persistent axial back pain that is becoming worse as it's interfering with daily activities. The severity is rated a 8-9 out of 10. Objective findings showed tenderness to palpation over the L4-5, L5- S1 facet area bilaterally. Facet loading is positive for pain in the lower lumbar region. He is diagnosed with lumbar spine strain/sprain, facet arthropathy L4-5, L5-S1 bilaterally; confirmed by medical branch blocks. The treatment plan involved discontinuing the Percoet and initiating Norco 5/325 MG with follow up on 12/18/2014. On 12/11/2014 Utilization Review non-certified the request for a follow up evaluation and Norco 5/325 MG, noting the CA MTUS Acupuncture, Chronic Pain and Post-surgical Treatment Guidelines along with ACOEM Elbow chapters were cited. The injured worker submitted an application for IMR for review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The patient presents with pain in his neck, shoulders, lower back and right hip. The request is for follow-up evaluation. MTUS guidelines page 89 regarding long-term users of opioids, "there is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months." In this case, the reason for the request is not provided. Given that this patient has been utilizing opiates such as Percocet or Norco for chronic pain syndrome since at least 07/17/13, the patient requires a regular follow up evaluations. The request is medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 his neck, shoulders, lower back and right hip. The request is for Norco 5/325mg #90. It is not clear when the patient exactly started or discontinued Norco. The treater does not provide the reason why Norco was discontinued. The 07/17/13 progress report indicates that the patient is on Norco. The 11/20/14 progress report indicates that the treater wants the patient to be on Norco 5/325 instead of Percocet because "percocet does not help with the pain anymore." Regarding chronic opiate use, MTUS guidelines page 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 4A's --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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco is not medically necessary.