

Case Number:	CM15-0101925		
Date Assigned:	06/04/2015	Date of Injury:	04/05/2012
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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, 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:

This is a 49 year old male with an April 5, 2012 date of injury. A progress note dated May 8, 2015 documents subjective findings (lower backache; pain rated at a level of 5/10 with medications and 7/10 without medications; poor sleep quality; significant decrease in energy), objective findings (global antalgic gait; slowed gait; assisted by cane; restricted range of motion of the cervical spine; tenderness noted at the paracervical muscles and trapezius; positive cervical facet loading; restricted range of motion of the lumbar spine; can't walk on toes; lumbar facet loading positive on both sides; restricted range of motion of the knees; tenderness to palpation of the knees), and current diagnoses (cervical pain; knee pain (both); lower back pain; elbow pain (right); lumbar degenerative disc disease; cervical disc disorder; lumbar radiculopathy). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, surgeries, and imaging studies. The medical record identifies that pain medications are working well. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function, pain reduction, and lack of aberrant behaviors were noted in a progress note dated 3/13/2015. The patient did not report any side effects, and periodic urine drug testing was reported to be consistent (last one done in July 2014 with results that were consistent and available; one was also sent out to a lab in March 2015). There is a commentary that functionally this medication helps the patient with ADLs and self-care, which is a functional improvement despite still being unable to work. This request is medically necessary.