

Case Number:	CM15-0014476		
Date Assigned:	02/02/2015	Date of Injury:	08/02/1999
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 68 year old female, who sustained an industrial injury on 8/2/99. She has reported left foot injury. The diagnoses have included chronic right knee pain with posttraumatic arthritis, right shoulder pain with impingement syndrome, discogenic low back pain with multilevel spondylosis. Treatment to date has included medications, physical therapy, chiropractic care, total bilateral hip replacement. Currently, the injured worker complains of bruising with tearing feeling, right knee is greater in size than left, decreased socialization due to pain and falling 4-5 times weekly. Progress report dated 11/20/14 revealed tenderness on palpation in right upper leg and knee with tenderness over left groin-hip region Limited range of motion of back in all directions was also noted. On 1/9/15 Utilization Review non-certified Norco 10/325mg, one daily, #30, noting the previous recommended weaning regimen has not been initiated. The MTUS, ACOEM Guidelines, was cited. On 1/20/15, the injured worker submitted an application for IMR for review of Norco 10/325mg, 1 daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, opioids

Decision rationale: ODG guidelines support opioids with : Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.