

Case Number:	CM15-0015693		
Date Assigned:	02/03/2015	Date of Injury:	05/26/1997
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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

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 61 year old female, who sustained an industrial injury on May 26, 1997. She has reported right ankle pain, bilateral knee pain and lower back pain. The diagnoses have included reflex sympathetic dystrophy of the lower extremity, bilateral knee pain, and chronic pain syndrome. Treatment to date has included medications, multiple right ankle surgeries, bilateral knee surgeries, and multiple injections of different types. A progress note dated January 8, 2015 indicates a chief complaint of continued chronic right ankle pain and stable lower back pain that is controlled adequately with medications. The provider noted nearly absent range of motion of the right ankle with decreased pulses, tenderness of the bilateral sacroiliac joints with decreased range of motion of the spine, and severe tenderness on palpation of the bilateral knees. The treating physician requested prescriptions for Fentanyl patches, Norco 10/325 mg x 90, and Norco 10/325 mg x 90 not to be filled until February 6, 2015. On January 16, 2015 Utilization Review certified the request for a prescription for Fentanyl patches, and partially certified the request for a prescription for Norco with an adjustment in quantity. The Utilization Review denied the request for a prescription for Norco, not to be filled until February 6, 2015 citing the MTUS chronic pain medical treatment guidelines in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noco 10/325 mg # 90 (do not refill until 2/6/15): Upheld

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): 76-78, 88-89.

Decision rationale: The patient presents with chronic right foot, ankle and distal leg pain, rated 4-9/10. The request is for NORCO 10/325 MG # 90 - DO NOT REFILL UNTIL 02/06/15. The patient is status post right and left arthroscopic knee surgeries, right tarsal tunnel release surgery, dates unspecified. Physical examination to the right and the left knee joints on 01/08/15 revealed tenderness to palpation. Range of motion of the right ankle was nearly 100% absent. Patient is wheelchair-bound. Per 01/08/15 progress report, patient's diagnosis include chronic pain syndrome, reflex sympathetic dystrophy of the right lower limb, pain in the joint, site unspecified, bilateral knee pain, lumbosacral spondylosis without myelopathy, morbid obesity, adjustment disorder with mixed anxiety and depressed mood, chronic airway obstruction, not elsewhere classified, unspecified hypothyroidism, diabetes with ketoacidosis, type II or unspecified type, uncontrolled, and congestive heart failure, unspecified. Patient's treatments have included medications, physical therapy, pool therapy, surgeries, lumbar severity blocks and TENS unit. Per 05/07/14 progress report, patient's medications include NovoLog, Omeprazole, Ibuprofen, Nebulizer Unit, Oxygen 100%, Ativac, Simvastatin, Lasix, Elavil, Advair Diskus, Buspar, Lisinoprin, Levothyroxine, Lantus SoloStar, Fentanyl and Hydrocodone. Patient has been prescribed Hydrocodone/Norco from 01/21/13 and 01/08/15. Per 01/08/15 progress report, patient is disabled. MTUS Guidelines pages 88 and 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 4As (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. Patient has been prescribed opioids in progress reports 01/21/13 and 01/08/14. The request is for Norco 10/325 mg # 90 not to be refilled until 02/06/15. UR letter dated 01/16/15 modified the request to Norco 10/325 # 30 stating that since the patient is taking Norco but the medication is not medically indicated, opioid weaning is clinically necessary. Based on progress report dated 10/07/14, treater is decreasing Norco quantity from 90 to 60 per month to be used only for breakthrough pain and daytime use only but the prescription is for #90 still. In addition, the treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

One prescription of Norco 10/325 mg # 90: Upheld

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

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 The patient presents with chronic right foot, ankle and distal leg pain, rated 4-9/10. The request is for NORCO 10/325 MG # 90. The patient is status post right and left arthroscopic knee surgeries, right tarsal tunnel release surgery, dates unspecified. Physical examination to the right and the left knee joints on 01/08/15 revealed tenderness to palpation. Range of motion of the right ankle was nearly 100% absent. Patient is wheelchair-bound. Per 01/08/15 progress report, patient's diagnosis include chronic pain syndrome, reflex sympathetic dystrophy of the right lower limb, pain in the joint, site unspecified, bilateral knee pain, lumbosacral spondylosis without myelopathy, morbid obesity, adjustment disorder with mixed anxiety and depressed mood, chronic airway obstruction, not elsewhere classified, unspecified hypothyroidism, diabetes with ketoacidosis, type II or unspecified type, uncontrolled, and congestive heart failure, unspecified. Patient's treatments have included medications, physical therapy, pool therapy, surgeries, lumbar severity blocks and TENS unit. Per 05/07/14 progress report, patient's medications include NovoLog, Omeprazole, Ibuprofen, Nebulizer Unit, Oxygen 100%, Ativac, Simvastatin, Lasix, Elavil, Advair Diskus, Buspar, Lisinoprin, Levothyroxine, Lantus SoloStar, Fentanyl and Hydrocodone. Patient has been prescribed Hydrocodone/Norco from 01/21/13 and 01/08/15. Per 01/08/15 progress report, patient is disabled. MTUS Guidelines pages 88 and 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 4As (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. Patient has been prescribed opioids in progress reports 01/21/13 and 01/08/14. UR letter dated 01/16/15 states that the patient has had consistent pain patterns and no quantifiable improvement in functionality. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. No discussions of aberrant behavior either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.