

Case Number:	CM15-0017025		
Date Assigned:	02/03/2015	Date of Injury:	06/18/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
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 66 year old female, who sustained an industrial injury on June 18, 2012. The diagnoses have included lumbar surgery with residuals and foot pain. Her condition is unchanged from previous visit. The plan is for Norco and follow up visits. A progress note dated November 25, 2014 provides the injured worker has continued back pain with numbness in the left leg and increased pain. She reports Tylenol #3 with minimal relief. On January 7, 2015 utilization review modified a request for Norco 10/325mg #50. The Medical Treatment Utilization Schedule (MTUS) Opioids for chronic pain were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: This patient presents with back pain and left leg pain. The treater has asked for NORCO 10/325MG #50 on 11/3/14. Review of the reports show that the patient has not been on Norco or other opioids from 3/24/14 to the requesting 11/3/14 progress report. For chronic opioids use, 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. The patient is currently on temporary partial disability status for the next 6 weeks per 11/3/14 report. In this case, the patient has a chronic pain condition, and a trial of Norco may be appropriate. There is no documented prior history of opiate use. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Norco IS medically necessary.