

Case Number:	CM15-0113157		
Date Assigned:	06/19/2015	Date of Injury:	02/12/2014
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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, Hawaii

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 42-year-old male who sustained an industrial injury on 02/12/14. Initial complaints and diagnoses are not available. Treatments to date include medications, left elbow steroid injections, left elbow surgery, bilateral L3-5 medial branch blocks, and physical therapy. Diagnostic studies include a MRI of the thoracic spine on 04/01/15. Current complaints include left elbow pain. Current diagnoses include lumbar and thoracic sprain/strain with radiculopathy, lumbar disc disease, lumbar facet syndrome, right sacroiliac joint arthropathy, and left elbow tendinitis. In a progress note dated 05/04/15, the treating provider reports the plan of care as continued Norco. The requested treatments include Norco. The injured worker has been on Norco since at least 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with low back and left elbow. The current request is for Norco 7.5/325mg #90. The treating physician states in the report dated 6/10/15, "Norco 7.5/325mg PRN Pain. Tx of Chronic Pain Syndrome." (10C) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has not documented any before or after pain scales, if the patient is able to perform ADLs, if the patient has had any side effects or if the patient has demonstrated any aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. The current request is not medically necessary.