

Case Number:	CM15-0128518		
Date Assigned:	07/14/2015	Date of Injury:	01/12/2005
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 60 year old female with a January 12, 2005 date of injury. A progress note dated June 1, 2015 documents subjective complaints (flare-up of her chronic pain after a fall last night in which she injured her bilateral hands and right knee; pain rated at a level of 8/10 and reduced to 5/10 with Norco lasting two hours), objective findings (tenderness throughout cervical area, right greater than left with decreased range of motion of the neck due to pain; positive sensory deficits in the bilateral upper extremities at C6-T1 dermatomes; radiation of pain into the right thoracic spine and bilateral shoulder blades with tenderness; decreased range of motion of the back; tenderness in the low back; weakness of the right arm; diminished sensation of the first three right fingers), and current diagnoses (hip joint pain; lumbago; cervicalgia; cervical radiculitis; sciatica; thoracic pain). Treatments to date have included medications, cervical epidural steroid injection that failed, and physical therapy. The medical record indicates that medications help control the pain, and that a recent urine drug screen show appropriate results. 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:

Norco 10/325mg one every 4 hours, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids; Opioids, pain treatment agreement; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 any 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." The documentation submitted for review noted that the injured worker's pain was reduced from 8/10 to 5/10 for 2 hours with this medication. Per progress report dated 6/1/15, it was noted that the use of this medication allows the injured worker to stay active with household chores and cooking. She walks around Costco once monthly which takes her most of the day. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 1/13/15 was consistent with prescribed medications. CURES report was not provided. I respectfully disagree with the UR physician's assertion that the documentation does not support continued use. The UR physician has asserted that QME presented question of prior alcoholism and history of illicit drug abuse. However, this was not evident in the documentation submitted for review. The request is medically necessary.