

Case Number:	CM15-0175516		
Date Assigned:	09/16/2015	Date of Injury:	12/19/2001
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/07/2015

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 36 year old male, who sustained an industrial-work injury on 12-19-01. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago, ankle pain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of chronic low back and lower extremity pain. Per the primary physician's progress report (PR-2) on 7-15-15, there was lower back and bilateral heel pain rated 8 out of 10. There was tenderness with palpation of the left ankle and decreased and painful range of motion in all planes, tenderness through the entire lumbar spine with decreased flexion and extension. The ankle has a scar and tender with decreased dorsal flexion and plantar flexion, decreased eversion and inversion. He had the ability to perform ADL's (activities of daily living) but had increased pain due to lack of medication. The Request for Authorization date was 8-18-15 and requested service included Norco 10/325mg #240. The Utilization Review on 8-24-15 modified the request to Norco 10-325 mg #45 since it is for short-term use (began use at least by 1-22-13) and exam remains unchanged. This allows for weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the low back and left ankle. The current request is for Norco 10/325mg #240. The treating physician report dated 9/1/15 (326B) states, "With medications he can work full time as a welder and with no restrictions. He has no side effects, no aberrant behavior and gets great benefit from medication. It allows him to work full time and care for family. It allows him to work and be active". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been prescribed Norco since at least 12/30/09(127B). The report dated 9/1/15 (326B) notes that the patient's pain has decreased from 10/10 to 2/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to work full time and care for his family. The physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.