

Case Number:	CM15-0025712		
Date Assigned:	02/12/2015	Date of Injury:	05/21/2006
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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 48 year old male, who sustained an industrial injury on 05/21/2006. The diagnoses have included chronic lumbar back pain, chronic thoracic myofascial pain, chronic cervical myofascial pain, chronic neuropathic pain of the left upper and left lower extremities, and chronic left knee pain. Noted treatments to date have included treatment by a psychiatrist and medications. No MRI report noted in received medical records. In a progress note dated 01/09/2015, the injured worker presented with complaints of headaches, neck pain, and upper and lower back pain. The treating physician reported giving the injured worker a prescription for Norco with no refills and stated he is not received the Baclofen but still has muscle spasms. Utilization Review determination on 01/12/2015 non-certified the request for Norco 10/325 #180 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

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

Decision rationale: This patient presents with headaches, neck pain, low back pain, left jaw pain and left knee pain. The current request is for NORCO 10/325MG #180. For chronic opiate use, the MTUS guidelines pages 88 and 89 states: Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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 has been prescribed Norco since 6/18/14. According to progress report dated 6/18/14, the patient obtains pain relief from the Norco taken for pain. It was noted that the patient has increased physical and psychosocial functioning as a result of opiate management. The patient is currently not working. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The treating physician states that the patient has no aberrant behaviors, but there are no Urine drug screens or CURES reports to monitor for compliance. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.