MAXIMUS Federal Services

Case Number:	CM15-0026887		
Date Assigned:	02/19/2015	Date of Injury:	01/04/1991
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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 59 year old female, who sustained an industrial injury on 01/04/1991. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include other internal derangement of the knee, degenerative lumbar/lumbosacral four discs, sprain/strain of the ankle unspecified, and other tenosynovitis of the hand/wrist. Treatment to date has included medication regimen, trigger point injections, use of heat, use of ice, and home exercise program. In a progress note dated 01/07/2015 the treating provider reports constant, aching, stabbing, burning, throbbing pain to the low back that is rated a nine out of ten at its worst; constant, aching, stabbing pain to the right wrist that is rated an eight out of ten at its worst; constant, aching, stabbing, and throbbing right knee pain that is rated an eight out of ten at its worst; and constant, aching stabbing, throbbing pain to the left knee that is rated a five out of ten at its worst. The treating physician requested a refill of Norco but the documentation did not indicate the specific reason for this requested medication. On 01/21/2015 Utilization Review modified the requested treatment of Norco 10/325mg with a quantity of 120 to Norco 10/325mg with a quantity of 72 between 01/07/2015 and 03/22/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

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 low back, bilateral knee, and right wrist pain. The current request is for 1 prescription of Norco 10/325 mg #120. 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 six-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of 4 A's, including analgesia, ADLs, adverse side effects, and aberrant behaviors. 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. Review of the medical file indicates that the patient has been utilizing Norco since at least 04/09/2014. Progress reports continually note the patient's least pain and worst pain, and states that rest and medication are alleviating factors. Progress report dated 08/25/2014 notes that medications provide relief "allowing her to complete ADLs." Progress report dated 07/02/2014 again notes, "She continues Norco, which allows her to complete ADLs." There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported, as the treating physician has not provided specific functional improvement, changes in ADLs, or change in work status to document significant functional improvement with utilizing Norco. Furthermore, there are no discussions regarding possible aberrant behaviors or adverse side effects as required by MTUS for opiate management. There are no urine drug screens or CURES report provided to monitor for compliance either. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Norco is not medically necessary, and recommendation is for slow weaning per MTUS.