

Case Number:	CM15-0040801		
Date Assigned:	03/16/2015	Date of Injury:	12/03/2013
Decision Date:	05/26/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/03/2015

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 39 year old male who sustained an industrial injury on December 3, 2013. He has reported injury to the cervical spine, lumbar spine, right hand, right knee, and right arm and has been diagnosed with right knee meniscal tear, status post arthroscopy, cervical spine sprain/strain, right elbow contusion, grade 3 type tear of the posterior horn of the medial meniscus as well as thinning and splaying of the anterior cruciate ligament, and right knee meniscal tear with partial ACL tear. Treatment has included medications, surgery, and therapy. Currently the injured worker rated cervical spine pain a 7/10 with radiation into bilateral arms. Lumbar spine was rated a 7/10 with radiation into bilateral legs. Right hand pain was a 6/10 and right knee pain was a 7/10. The treatment request 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids,hydrocodone Page(s): 88-90,76-78.

Decision rationale: The patient was injured on 12/03/13 and presents with pain in his cervical spine, lumbar spine, right hand, right knee, and right arm. The request is for NORCO 10/325 MG #90. The RFA is dated 02/13/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 09/18/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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 for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 11/06/14 report indicates that the patient rates his pain as an 8/10 without medications and a 5/10 with medications. The 02/05/15 report states that the patient rates his pain as an 8/10 without medications and a 3/10 with medications. The 10/16/14 urine drug screen shows that the patient was compliant with his prescribed medications. In this case, the treater does provide a before-and-after medication usage to document analgesia. However, there is no discussion regarding adverse behaviors/side effects, nor are there any specific examples of ADLs which demonstrate medication efficacy. No validated instruments are used and no outcome measures are provided either as required by MTUS Guidelines. The patient does have a urine drug screen on file which showed that he was compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.