

Case Number:	CM15-0041419		
Date Assigned:	03/11/2015	Date of Injury:	05/04/2012
Decision Date:	05/29/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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 42-year-old male, who sustained an industrial injury on 05/04/2012. He reported left knee pain. The injured worker is currently diagnosed as having left knee internal derangement, left lower extremity chronic regional pain syndrome, lumbar discogenic pain, history of postoperative left leg deep vein thrombosis, and adjustment disorder. Treatment and diagnostics to date has included spinal cord stimulator, lumbar spine MRI, left knee MRI, left knee surgery, acupuncture, cortisone injection, physical therapy, home exercise program, and medications. In a progress note dated 02/09/2015, the injured worker presented for a follow up after placement of permanent spinal cord stimulator implantation and stated he has done fairly well, able to decrease medications, and has adequate coverage of his back and legs. The treating physician reported requesting authorization for Norco, which the injured worker remains taking a low dose at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78-80.

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

Decision rationale: The patient was injured on 05/04/12 and is recovering from a spinal cord stimulator implantation with an adequate coverage of his back and legs. The request is for Norco 10/325 mg Qty 30. The RFA is dated 02/11/15 and the patient is on temporary total disability. He has been taking Norco as early as 06/09/14. 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 patient is diagnosed with left knee internal derangement, left lower extremity chronic regional pain syndrome, lumbar discogenic pain, history of postoperative left leg deep vein thrombosis, and adjustment disorder. In this case, none of the 4As are addressed as required by the MTUS Guidelines. The treater does not provide any before-and-after pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. 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.