

Case Number:	CM15-0070275		
Date Assigned:	04/20/2015	Date of Injury:	10/22/2014
Decision Date:	05/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 45 year old male who sustained an industrial injury on 10/22/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar muscle strain and thoracic spine strain. Treatments to date have included non-steroidal anti-inflammatory drugs, physical therapy, and oral pain medication. Currently, the injured worker complains of pain in the thoracic and lower back. The plan of care was for medication prescriptions and a follow up appointment at a later date. A 2/26/15 progress note states that the patient is not tolerating ibuprofen. He started on Norco 5/325mg. His pain level was an 8-9/10. A 3/26/15 progress report indicates that the patient has ongoing pain. He states that he ran out of Norco 5mg from last visit and is having to take 5-6 to get pain relief. His Norco was increased to 10mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Steps to Take Before a Therapeutic Trial of Opioids Page(s): 78-80 and 76-77.

Decision rationale: Norco 10/325 mg, ninety count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal a urine drug screen, signed pain agreement, or treatment plan for opioids. The documentation indicates that the patient is taking more than the prescribed Norco and that his pain is still uncontrolled. The request for Norco 10/325mg, ninety count is not medically necessary.