

Case Number:	CM15-0070991		
Date Assigned:	04/21/2015	Date of Injury:	02/18/2008
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
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: 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 70-year-old male, who sustained an industrial injury on 2/18/08. Initial complaints are not noted. The injured worker was diagnosed as having lumbar sprain/strain; lumbosacral or thoracic neuritis/radiculitis; lower back pain; chronic pain syndrome. Treatment to date has included status post L3-4 and L4-5 interlaminar discectomy; anterior interbody fusion/ posterior L3-L5 spinal instrumentation (3/5/12); x-rays left knee (7/3/12); EMG/NCS lower extremities (7/20/12); Functional Capacity Evaluation (7/31/12); x-ray lumbar spine and right knee (8/20/12); status post right knee arthroscopy with debridement of medial and lateral meniscus (12/8/14); aquatic therapy; TENS unit; medications. Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains of low back pain along with numbness and tingling down the right lower extremities. The injured worker's neuropathic pain has increased and medicines help decrease the pain 30-40% helping with functionality. There are no side effects from the medications. He has been purchasing Norco 10/325mg from pharmacy due to Workers' Compensation Insurance denial. The injured worker ambulates with a cane and has an analgesic gait. The submitted medical documentation includes an operative report dated 12/8/14 for a right knee arthroscopy with debridement of the medial and lateral meniscus. The provider is requesting the medication Norco 10/325mg #60 that was modified to #33 between 3/3/15 and 5/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A'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 to work and duration of pain relief. Guidelines also state that the maximum dose for Hydrocodone, 60mg/day. The treating physician does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/15/14. Guidelines require appropriate discussion of the 4A's, and in addressing the 4A's, the treating physician discusses how Norco improves patient's activities of daily living with a specific example of an ADL by documenting the patient started aqua therapy. Analgesia is discussed also, showing pain reduction with use of Norco by documenting pain reduction of 30-40% with medication. In addition, there is a statement by the treating physician regarding no adverse effects and aberrant drug behavior. A CURES (Controlled Substance Utilization Review and Evaluation System) report is reviewed and shows no suspicious activity. The treating physician has documented the 4A's as required by MTUS. Therefore, the request is medically necessary.