

Case Number:	CM15-0072905		
Date Assigned:	04/23/2015	Date of Injury:	09/18/2014
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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, Hawaii

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 61 year old male, who sustained an industrial injury on September 18, 2014. He has reported back pain, arm pain, hand pain, and knee pain. Diagnoses have included musculoligamentous sprain of the thoracic spine, musculoligamentous sprain of the lumbar spine, osteoarthritis of the lumbar spine, lumbosacral degenerative disc disease, lumbar spine radiculopathy, lumbar spine stenosis, and lumbar spine facet arthropathy. Treatment to date has included medications, physical therapy, imaging studies, and diagnostic testing. A progress note dated March 17, 2015 indicates a chief complaint of right arm pain, right hand pain, back pain, and left knee pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60 1 tablet every 6-8 hours as needed for pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Opioids - Hydrocodone Page(s): 76-80, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco #60 1 tablet every 6-8 hours as needed for pain. The treating physician states, The patient takes Norco approximately three times a week for symptomatic relief of high pain levels, which helps to lower his pain levels. The medication enables him to perform more activities of daily living. (38B) The treating physician also documents that the patient rates their pain as 7/10 has not had any side effects or displays any aberrant behaviors. For chronic opiate use, the MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.