

Case Number:	CM15-0075668		
Date Assigned:	04/27/2015	Date of Injury:	11/09/1997
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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 63 year old female injured worker suffered an industrial injury on 11/09/1997. The diagnoses included right knee arthritis, fibromyalgia, and morbid obesity. The injured worker had been treated with medications. On 3/26/2015, the treating provider reported the injured worker was not doing well. She continued to have complaints of severe knee pain. She had difficulty standing or walking and back pain which is often severe. The injured worker was utilizing a wheelchair for mobility. On exam there was tenderness of the knees, right shoulder pain that is reproducible, and tenderness of the lumbar spine. The treatment plan 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 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 11/09/97 and presents with knee pain and back pain. The request is for NORCO 10/325 MG #90 WITH NO REFILLS. There is no RFA provided and the patient's work status is not provided either. The patient has been taking this medication as early as 02/25/15. 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 02/25/15 report states that the patient has "signed an opiate contract and has undergone urine drug toxicology screening." However, the results of this urine toxicology are not provided. 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 outcome measures provided 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.