

Case Number:	CM15-0076796		
Date Assigned:	04/28/2015	Date of Injury:	03/29/1996
Decision Date:	07/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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 (IW) is a 58 year old male who sustained an industrial injury on 03/29/1996. The original report of injury is not included in the medical records. The injured worker was diagnosed as having lumbar disk disease, radiculitis, and post laminectomy syndrome. Treatment to date has included surgery, transcutaneous electrical nerve stimulation (TENS) unit (not helpful), heat, ice and Lidoderm patches were somewhat helpful as were medications including controlled substances. He now has a signed pain contract and is being monitored with his pain control medications. Currently, the injured worker complains of low back pain, thoracic back pain, and knee pain. He suffered falls in July and September 2014. He describes episodes of shooting pain down both legs. After having arthroscopic surgery of his right knee 03/02/2015, his right knee pain improved, but he continues to have left knee pain. On the visit of 04/13/2015 he requests a refill of medications. He rates his current pain severity as 9/10 his least pain is a 7/10 and his worst pain severity is a 10/10. The pain is described as stabbing, prickly, and electrical. On /exam, his vital signs are stable with BP 132/76. His pulse is 72 and oxygen saturation is 97%. He is cooperative and in no distress/, cooperative able to answer questions and carry on a conversation appears to have intact judgment and insight into the current health issues. The treatment plan is to continue Morphine ER 30 mg 1 tablet twice daily, and have the worker return to clinic next month. A request for authorization was made for Norco 10/325mg tablet take 1 three times daily #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet take 1 three times daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page(s) 74-96 On-Going Management- Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 4As (analgesia, ADLs, Adverse side-effects, and Aberrant drug-taking behaviors).

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg tablet take 1 three times daily #90 is not medically necessary and appropriate.