MAXIMUS Federal Services

Case Number:	CM15-0077703		
Date Assigned:	04/29/2015	Date of Injury:	12/18/2001
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 (per Utilization Review) 66 year old female who sustained an industrial injury on 12/18/01 when she fell on broken pavement injuring her left knee and hand. She currently complains of ongoing low back pain and bilateral lower extremity pain. Her current pain level is 4/10. Her average pain over the past two months was 4/10 getting as high as 9/10 and as low as 3/10 with medications. Medications are Norco, Relafen, Neurontin, Effexor, Biofreeze. This medication regimen is working well to control symptoms. She had a drug screen done 11/14/14 and results were consistent with current medications. Diagnoses include status post left knee replacement (4/23/07); status post right hip replacement (5/2004); left hip joint arthritis, status post hip replacement (2/23/11); depression due to chronic pain; insomnia due to chronic pain. Treatments to date include medications, acupuncture which was effective. Diagnostics include x-ray of the left hip showing arthritic changes; electromyography (7/13/11) showing mild left median nerve compromise at or near the wrist/ carpal tunnel affecting sensory components. In the progress note dated 3/6/15 the treating provider's plan of care included a two month supply of Norco # 480. It is providing a satisfactory response of decreased pain, functional improvement and quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #480, provided on date of service: 03/06/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, based on the notes available for review, there was sufficient evidence to support continuation of Norco as it contributes significantly to the overall pain level reduction reported and improves function as well. The notes indicate that office visits have been every two months due to relative stability in her condition and success with the current treatment regimen in general. Plans suggested a follow-up again in two months and a two-month supply of Norco was provided for the worker. The previous worker, suggested that a one month supply of Norco was more appropriate. However, I do not see a reason to suggest this worker would require more frequent visits if stable, nor would I suggest the worker need to request a refill after only one month without having an appointment. Therefore, the request for a 2-month supply of Norco is medically necessary and appropriate.