

Case Number:	CM14-0200483		
Date Assigned:	12/10/2014	Date of Injury:	12/01/1998
Decision Date:	02/18/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 & Rehabn

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 patient is a 52-year old female with the injury date of 12/01/98. Per physician's report 09/04/14, the patient has neck pain, left foot pain and wrist pain bilaterally, at 5/10 with medication and 7/10 without medication. The patient has a left-sided antalgic gait. Her lumbar lateral bending is 25 degrees; lateral rotation to the right is 40 degrees. The patient does not report side effects. The patient states that "medications are working well." The patient is currently taking Ambien, Miralax, senna, Phenergan, Voltaren, Lidoderm patch, Oxycontin, Norco, Soma and Amitriptyline. The lists of diagnoses are: 1) Low back pain 2) Cervical facet syndrome 3) Radiculopathy 4) Cervical pain 5) Pain in limb 6) Wrist pain. Urine toxicology performed on 04/15/14 is consistent with prescribed medication and positive for EtOH. [The treater] tapers Norco from 4/day to 3/day for short acting pain control. The patient reports Norco decreased pain by 20% for 4-5 hours. With Norco, the patient is able to increase activity. She is able to take care of her two young children. She is able to do grocery shopping for her family. She is able to tolerate driving. Per 08/07/14 progress report, the patient has pain in her neck, wrists, and left foot, at 5/10 with medication and 7/10 without medication. The patient had cervical radiofrequency ablation on 09/22/06 with excellent result prolonged 400 right C3,4,5,6, and Lumbar radiofrequency ablation on 09/09/05 with excellent result prolonged 450. The utilization review determination being challenged is dated on 11/15/14. Two treatment reports were provided on 09/04/14 and 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Overturned

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; medication for chronic pain Page(s): 88and 89, 76-78, 60-61.

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for NORCO 10/325mg #90. The patient has been utilizing Norco since at least 08/07/14. Regarding chronic opiate use, MTUS guidelines page 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 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. In this case, the physician provided urine drug screening reports for opiate management. The physician provided specific ADL's such as shopping, taking care of children, driving, etc, and before/ after pain scales showing significant functional improvement with analgesia. The patient states that "medications are working well." The patient appears to be taking least amount possible as well. All four A's appear to be documented as required by MTUS. The request IS medically necessary.