

Case Number:	CM14-0101987		
Date Assigned:	07/30/2014	Date of Injury:	07/11/2011
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old male who reported a work related injury on 07/11/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar musculoligamentous sprain/strain, bilateral sacroiliac joint sprain, and cervical/trapezial musculoligamentous sprain/strain. The past treatment included a facet radiofrequency rhizotomy at L4-5 and L5-S, lumbar facet block, and medication. Within the documentation, it was noted that the injured worker had an MRI, but the date and findings were not specified in the documentation. However, he was noted to have had surgery of the spine which consisted of decompression at L3-4 and L4-5 bilaterally. On 05/28/2014, a physical examination was performed, however, the documentation is illegible. The pain assessment portion was legible and noted the injured worker was experiencing pain at a level of 5-6 out of 10 on a VAS pain scale with the use of Norco and a 9 out of 10 without medication and he was able to perform ADLs and had an improved sleep pattern. The prescribed medications included Senna, Norco, and Anaprox. The treatment plan included Norco 10/325 and Senna. However, the rationale for the request nor the request for authorization form were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. It is noted that the injured worker was experiencing pain at a level of 5-6 out of 10 on a VAS pain scale with the use of Norco and a 9 out of 10 without medication, but the injured worker was still rating his pain as high as a 6. In the documentation it was noted that the injured worker was able to perform his activities of daily living and had an improved sleep pattern; however, there was no mention of how long it takes for pain relief, and how long pain relief lasts. Additionally documentation of the four domains mentioned above would need to be provided for review in order to consider the continuation of Norco. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request is not medically necessary.