

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0002792 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/16/2008 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 07/01/2013 |
| Priority: | Standard | Application Received: | 07/24/2013 |

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 47 year old female injured worker with date of injury 5/16/08 with related back and neck pain. Per progress note dated 5/14/14, she described her back pain as moderate to severe with profound limitations, sharp and frequent. Neck pain was described as severe, constant stabbing pain that radiated to the left shoulder. She reported that medications helped well and were being used on a regular basis. She used a walker to assist ambulation. An MRI of the cervical spine dated 4/24/09 revealed mild degenerative discopathy without cord impingement, disc extrusion, or foraminal stenosis. MRI of the thoracic spine dated 4/21/09 was unremarkable. An MRI of the lumbar spine dated 4/24/09 revealed minor degenerative discopathy at L2-L3, otherwise unremarkable. Treatment to date has included physical therapy and medication management. The date of the utilization review decision was 7/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's, (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Toradol injections every three months as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: With regard to Ketorolac (Toradol), the MTUS states: This medication is not indicated for minor or chronic painful conditions. The documentation submitted for review notes that the treatment is prescribed no more than once every three months as needed to help with the injured worker's acute exacerbation of her chronic pain condition. As the requested medication is not indicated, the request is not medically necessary.