

Case Number:	CM13-0032386		
Date Assigned:	04/25/2014	Date of Injury:	03/07/2013
Decision Date:	06/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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 & 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 claimant female injured worker with date of injury 3/7/13 with related constant dull low back pain rated 4/10, with radiation to the right lower extremity, associated with numbness and tingling. She had a lumbar transforaminal epidural steroid injection 3/6/14 which provided her relief for only 3 days. Per 3/18/14 progress report, physical exam findings revealed positive Straight Leg Raise Test on the right. There was weakness in the extensor hallucis longus and tibialis anterior, light touch was decreased over the posterolateral right thigh and dorsum of the foot. MRI of the lumbar spine dated 3/27/14 revealed multiple disc protrusions and sites of facet arthropathy. MRI of the thoracic spine dated 7/12/13 revealed mild diffuse degenerative disc changes with a 3mm focal central disc extrusion at T8-T9, no cord abutment; T10-T11 right-sided severe hypertrophic facet change with mass effect upon the exiting nerve root, mild to moderate hypertrophic facet changes throughout the mid to lower thoracic spine. She has been treated with physical therapy and medication management. The date of UR decision was 9/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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. The documentation states that urinalysis consistent with prescribed medications was obtained 8/2013. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.