

Case Number:	CM13-0042800		
Date Assigned:	12/27/2013	Date of Injury:	09/21/2011
Decision Date:	05/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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:

Patient is 60 year old female injured worker with date of injury 9/21/11 with related pain in the neck and low back. Electrodiagnostic study of the upper and lower extremities dated 11/02/12 documented a left L5 radiculopathy and mild to moderate bilateral carpal tunnel syndrome. A lumbar provocative discogram on 11/05/12 was unequivocally positive at L5-S1 greater than L4-5, greater than L3-4 with a completely negative control at L2-3. A cervical spine MRI dated 05/24/12 documented that at C6-7 was a 2 mm disc protrusion with mild central canal narrowing. A lumbar spine MRI on 1/18/12 documented disc desiccation most significant at L4-5 with an associated annular tear, a 3 mm disc bulge and moderate central stenosis secondary to a combination of hypertrophic facet joints, ligamentum flavum and right posterior lateral disc protrusion, and moderate right neural foraminal narrowing. Facet arthropathy was noted at L4-5 and L5-S1. There were 2-3 mm disc protrusions at L2-3 and with right lateral recess stenosis at L3-4. Per 4/9/13 exam she was not receiving physical therapy, chiropractic treatment or acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MS CONTIN 30 MG. P.O. T.I.D., #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

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." Available medical records reveal no documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do not appear to have been addressed by the treating physician in the documentation available for review. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. A [REDACTED] report dated 10/24/13 is included in the documentation and is found to be consistent with prescribed medications, however there is no documentation comprehensively addressing the other concerns in the records available for review. The request is not medically necessary.

PRESCRIPTION OF NORCO 10/325 MG. P.O. 6-8 DAILY, #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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. Additionally, 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. A [REDACTED] report dated 10/24/13 is included in the documentation and is found to be consistent with prescribed medications,

however there is no documentation comprehensively addressing the other concerns in the records available for my review. The request is not medically necessary.