

Case Number:	CM13-0061883		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2009
Decision Date:	03/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 41 year old male injured worker with date of injury 6/29/09 with related lower back pain. He is diagnosed with lumbar strain; status post laminectomy, fusion with placement of hardware (4/20/10); status post hardware removal to the lumbar spine and fusion (8/3/11). Per 6/24/13 evaluation: "There is constant dull aching accompanied by intermittent sharp pain with bending, standing and walking. There is radiating leg pain into the front and back of the left ankle. There is numbness on the top of the left foot. He walks with an intermittent limp favoring the left side. He does not use a cane, crutches, walker or other assistive device. There is pain from walking on stairs and/or hills, and problems sleeping. There is pain from coughing or sneezing. There is pain from weather changes and from prolonged sitting, standing, lifting and bending. There is stiffness with certain activities. There is impairment of the bladder and sexual functions." MRI of the lumbar spine dated 8/4/11 revealed 1) Recurrent or residual left posterolateral and foraminal 7 mm herniation at the L4-5 level which appears to deviate the course of the exiting left L4 nerve root. 2) Status post fusion L4-5. This is consistent with the patient's continued left lower extremity radicular symptoms. EMG/NCV performed 7/5/11 were normal. Treatment to date includes physical therapy, epidural injections, surgery and medications. The date of UR decision was 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Hydrocodone 10/325mg, #120/30 days with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 ongoing 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. 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. The request is not medically necessary.