

Case Number:	CM13-0063411		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2013
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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:

A 28 year old male injured worker with date of injury 6/10/13 with related low back, right hip, and right ankle pain. Per 11/15/13 progress report, the injured worker noted he had 2 sessions of physical therapy then stopped as he was unable to tolerate it. He is working full time. MRI of the lumbar spine dated 10/10/13 revealed multilevel degenerative disc disease; small posterior bulging discs are present at the L1-L2, L4-L5 and L5-S1 levels; no spinal canal stenosis; mild neural foraminal narrowings bilaterally at L4-L5; multilevel joint facet arthropathy. 10/9/13 xrays of the right hip and ankle noted minimal degenerative joint disease. The date of UR decision was 12/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 insufficient documentation to support the medical necessity of Norco and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per 10/23/13 progress report, the injured worker has pain that is about 8/10 that is reduced to 4-5/10 with medication, it is also noted that he is not having any side effects. The notes do not appropriately review and document functional status improvement or appropriate medication use. 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.