

Case Number:	CM13-0072609		
Date Assigned:	01/08/2014	Date of Injury:	08/14/2004
Decision Date:	08/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This male injured worker with date of injury 8/14/04 with related mid and low back pain. Per progress report dated 2/25/14, the low back pain was associated with numbness and tingling radiating to the bilateral lower extremities down to the toes. He also reported that his bilateral legs felt heavy. Per physical exam, there was paraspinal spasm and tenderness to palpation, there was sciatic notch tenderness bilaterally, Straight Leg Raise Test was positive bilaterally. Motor strength testing revealed weakness in the bilateral extensor hallucis longus and peroneus longus muscle groups at 4/5. Sensory examination revealed decreased sensation to light touch over the posterior aspect of the calf and lateral aspect of the foot. MRI of the lumbar spine dated 11/21/13 revealed: 1.) There is partial loss of the lordotic curve. The conus is identified at L1-L2. 2.) L2-L4: There is disk desiccation. There is mild loss of posterior intervertebral disk height. There is anterior disk protrusion endplate osteophyte complex noted. There is mild facet arthropathy. There is a 2 mm left paracentral and central posterior disc protrusion abutting the thecal sac. L4-L5: There is mild loss of posterior intervertebral disc height. There is a 3 mm central posterior disc protrusion with bilateral paracentral extension indenting the thecal sac. There is facet arthropathy. There is mild bilateral neural foraminal stenosis. L5-S1: There is loss of posterior intervertebral disk height. There are Modic Type I signal changes, consistent with edema, noted in the anterior and posterior-inferior aspect of L5 and anterior-superior aspect of S1, which may be associated with recent surgery or could represent changes associated with discitis/osteomyelitis at this level. Correlate clinically. There are post-surgical changes consistent with L5 laminotomy. Correlate clinically. There is facet arthropathy. There are post-surgical changes notes in the lower back. Treatment to date has included surgery, acupuncture, physical therapy, and medication management. The date of UR decision was 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Hydrocodone/Acetaminophen.

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 As' (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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity and were present in the form of UDS. UDS report dated 12/10/13 was inconsistent with prescribed medications, oxycodone was not detected although it was prescribed, and zolpidem was detected while not prescribed. 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, therefore, the request is not medically necessary.