

Case Number:	CM14-0102764		
Date Assigned:	09/16/2014	Date of Injury:	10/01/2012
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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:

The injured worker is a 59 y/o female with date of injury 10/1/12 with related low back pain. Per progress report dated 6/13/14, she rated her pain 2-3/10 in intensity without medications and 1/10 with medication. She also reported aching of her low back with numbness over her right lateral thigh. She had a LESI done on 5/6/14 and continued to notice over 50% pain relief since her injection. Per physical exam, sensation was intact but slightly decreased over the right L5-S1 dermatome, there was tenderness over the paraspinals, straight leg raise test was positive on the right. Electrodiagnostic studies of the BLE (bilateral lower extremities) dated 8/2/13 revealed evidence of a right L5 and S1 radiculitis. Treatment to date has included TENS unit, injections, physical therapy, and medication management. The date of UR decision was 6/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 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 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 reveals no documentation to support the medical necessity of Norco or 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 functional status improvement 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. Per progress report dated 6/13/14, it was noted that medications brought the injured worker's pain from 2-3/10 to 1/10. It was also noted that she was seen in the office on 5/6/14 at which time a urine toxicology screening was done. The results were consistent with what was prescribed. However, as MTUS recommends discontinuing opioids if there is no overall improvement in function. Therefore, this request is not medically necessary.