

Case Number:	CM14-0108437		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1996
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/12/2014

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 Anesthesiology, has a subspecialty in Acupuncture as well as Pain Management 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 is a 57 year old female who reported an injury on 8/31/95 with related back pain. According to the progress report on 12/12/13, she reported that she had frequent seizing spasms of the low back that caused her legs to go out. She has had many falls over the years as a result of this. She also complained of pain in her arms, shoulders, and hands. MRI of the lumbar spine dated 9/12/13 revealed mild to moderate compression fracture of L3, which was sub acute; as well as a mild chronic compression fracture of L2. There were multiple levels of moderate lumbar degenerative disc disease and there was a right L4-L5 foraminal bulge causing moderate right foraminal stenosis. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Norco 10/325 mg One Tablet p.o. q8h, QTY: 90, Duration of Two Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk References, 68th ed. www.RxList.com Official Disability Guidelines (ODG), Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com - Monthly Prescribing References www.empr.com Opioid Dose Calculator AMDD Agency Medical Directors' Group Dose Calculator,

www.agencymeddirectors.wa.gov ACOEM - <https://www.acoempracguides.org/Low Back>;
Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines 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 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." Furthermore, there were 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, 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 are necessary to assure safe usage and were present. A report on 6/24/14 was inconsistent with prescribed medications. Norco was detected as prescribed; however, Tramadol was also detected but not prescribed. There was no documentation comprehensively addressing the aforementioned concerns in the records available for my review. MTUS recommends discontinuing opioids if there is no overall improvement in function, or if medical necessity cannot be affirmed. Therefore, the request is considered not medically necessary.