

Case Number:	CM14-0114924		
Date Assigned:	08/04/2014	Date of Injury:	04/27/2011
Decision Date:	10/01/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 04/27/2011. The mechanism of injury was noted to be lifting a truck tire at work. The injured worker's diagnoses was noted to be lumbosacral spondylosis. Prior treatments were noted to be medications. The injured worker was noted to have diagnostic image studies. The injured worker has a history of surgical spine interventions. An evaluation on 04/17/2014 notes the injured worker with subjective complaints of bilateral lower back pain which she rated a 5/10 on a 0 to 10 pain scale. Current medications were noted to be Celebrex and Norco. The physical examination revealed facet tenderness bilaterally of the lumbar region. She had a positive facet loading test to the right lumbar region. Spinal extension was restricted and painful. She was able to flex forward only to the level of touching her knees. The treatment was noted to be medication refills and an independent exercise program on a daily basis. The provider's rationale for the request was noted within the treatment plan. A Request for Authorization form was provided and dated 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include 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 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment for a patient on opioid therapy. A pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325mg #90 is not medically necessary.