MAXIMUS Federal Services

Case Number:	CM14-0150750		
Date Assigned:	09/19/2014	Date of Injury:	05/28/2001
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 75 year old female who was injured on May 28th 2001; when she missed a step on a ladder while filing charts in the medical records department. Her medication history as of 04/08/2014 included Norco, Ambien, Zanaflex and Neurontin (VAS with medications 7/10 and without medications a 8/10). Progress report dated 8/26/2014 indicates the patient presented with complaints of constant pain her back and muscle spasms that radiate in the back of both legs. She states that she has burning sensation in both legs and feet. She stated she cannot function without the pain medication and reported a 50% reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. She rated her pain 4/10 with her medications, and a 10/10 without them. Objective finding during examination revealed lower back examination showed limited range. She can forward flex to about 30 degrees, extend to 10 degrees with back pain. Straight leg raise is at 80 degrees bilaterally causing right sided back pain, but not radiating. She does report an area of altered sensory loss to light touch and pinprick at the right lateral calf and bottom of her foot. She ambulates with a limp. Deep tendon reflexes are +1 at the knees and ankles. Her toes are down going to plantar reflex bilaterally. Palpation reveals muscle rigidity in the lumbar trunk suggesting muscle spasm. The patient was diagnosed with low back pain, lumbosacral sprain/strain with lumbar degenerative joint disease and facet arthrosis, rather severe. MRI of the lumbar spine revealing annular tears at the L3-L4 and L4-L5 disks suggesting diskogenic pain; There is severe facet arthropathy from L3-S1 as well as suggesting facet -mediated pain; neuropathy in the lower extremities related to industrial injury; history of pelvic crush injury; history of insomnia related pain; reactive depression and anxiety disorder with industrial onset, stable with psychotropic medications. Prior utilization review dated September 9, 2014 indicates the request for Norco 10/325mg #120 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The above California Medical Treatment Utilization Schedule (MTUS) guidelines regarding on-going opioid management states, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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." In this case, note from 8/26/14 addresses portions of the 4 A's in stating "She states she cannot function without the pain medication that I give her and reports 50% reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all... She is under a narcotic contract with our office. Urine drug screens have been appropriate on this patient." There is no complaint from the patient regarding any adverse effects in notes from 2/4/14, 4/8/14, 6/3/14, or 8/26/14 and physical examination does not demonstrate any common side effects of opioids such as constipation ("abdomen is soft, nontender, nondistended) or respiratory depression ("lungs are clear"). Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.