

Case Number:	CM14-0154995		
Date Assigned:	09/25/2014	Date of Injury:	07/17/2006
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiologist, 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:

53/o female injured worker with date of injury 7/17/06 with related neck, mid back, bilateral shoulder, and wrist pain. Per progress report dated 8/12/14, the injured worker rated her pain 7/10 in intensity. It was noted that norco helped to take her pain from 7/10 down to 3-4/10. Per physical exam of the cervical spine, there was decreased range of motion with tenderness over the paraspinal muscles and trapezius muscles, positive cervical compression and positive Spurling's bilaterally with decreased strength of 4/5 bilaterally at C5, C6, C7, and C8. There was decreased range of motion of the thoracic spine. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone)10/325mg tablets QTY: 120 30 days supply , no refills, related to cervical spine, thoracic spine, right shoulder, bilateral upper extremity symptoms/injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basic of Therapeutics, 12th ed. McGraw Hill, 2010.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 reveals insufficient documentation to support the medical necessity of norco nor sufficient 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, 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. It was noted that the use of this medication has reduced the injured worker's pain level from 7/10 to 3-4/10. Efforts to rule out aberrant behavior (e.g. [REDACTED] report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review; though it was noted that a request for authorization of urine toxicology screen was filed 8/2014. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.