

Case Number:	CM14-0027482		
Date Assigned:	06/13/2014	Date of Injury:	10/18/2003
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 & 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:

Injured worker is a 74 year old male with the date of injury 10/18/03 with related low back pain. Per 1/16/14 progress report, low back pain radiates to the lower extremities, especially to the knees with occasional numbness. At times he had difficulty with standing, walking and sitting. He was wearing his back brace and he found it very useful. He also had left knee pain, neck pain with radiation into the left shoulder and left upper extremity with tingling, mid back pain, left shoulder pain, left elbow pain, intermittent gastrointestinal upset due to the use of pain medications, and sleep difficulty. MRI of the lumbar spine dated 12/13/11 revealed the following: 1) Moderate multilevel degenerative changes (the alignment was satisfactory); 2) Moderate to severe central stenosis at L3-L4, L5-S1 and to some degree L4-L5. At all three levels there was compression of the thecal sac, narrowing of the neural foramina, extensive facet changes, and ligamentum flavum hypertrophy. At all three levels there was encroachment of the exiting nerve roots. Probably the most severe level was at L3-L4, which would be the level that might be most susceptible to cauda equina syndrome; 3) 3 mm central bulge at L1-L2 level. This level and L2-L3 still demonstrate relatively patent neural foramina without nerve root compression. However, there were extensive facet changes at both levels. He has been treated with physical therapy and medication management. The date of UR decision was 2/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #75: Upheld

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

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 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 reveal 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 or appropriate medication use. 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES 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. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.