

Case Number:	CM14-0169037		
Date Assigned:	10/17/2014	Date of Injury:	01/29/2008
Decision Date:	01/31/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

54y/o male injured worker with date of injury 1/29/08 with related neck and low back pain. Per progress report dated 10/21/14, the injured worker reported that he was trying to walk for exercise, but was having a difficult time losing weight. He had some questions about purchasing an inversion table to use at home. Per physical exam, there was diminished range of motion of the lumbar spine. He was status post disc replacement at C5-C6 and C6-C7 3/2012, and cervical fusion C5-C6 8/2010. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery, and medication management. The date of UR decision was 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Overturned

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

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 A's' (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."Per progress report dated 8/26/14, it was noted that the use of this medication reduces the injured worker's level of pain from 8/10 to 5/10. It allows him to remain active, it is stated he volunteers driving kids for an afterschool program and goes to the gym on a daily basis. UDS (urine drug screen) was consistent and it is indicated per progress reports that they are collected periodically. The medication allows the injured worker to function. The request is medically necessary.