

Case Number:	CM14-0189232		
Date Assigned:	11/17/2014	Date of Injury:	06/10/2013
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Rehab, has a subspecialty in 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:

The injured worker is a 56 year-old male with a date of injury of June 10, 2013. The patient's industrially related diagnoses include multilevel cervical disc herniation, status post anterior cervical fusion at C6-C7, lumbar disc herniation, and hearing loss. MRI of L/S on 9/24/2014 showed multilevel degenerative disc disease and facet hypertrophy in the lumbar spine. The disputed issues are consultation with [REDACTED] regarding cervical spine and a prescription for Norco (Hydrocodone/APAP 10/325mg) Tabs #90. A utilization review determination on 10/28/2014 had non-certified Norco, but the request for consultation with [REDACTED] regarding cervical spine was recommended for certification. The stated rationale for the denial of Norco was: "The current complaints are multiple, a recent cervical fusion surgery has been completed and there is a consultation pending to establish current status of the cervical spine. When noting the myriad of complaints and the lack of any specific clinical evaluation or demonstration of the need for any opioid analgesic this far out from the date of injury there is insufficient information presented to support this request. Since this medication cannot be abruptly discontinued #45 is recommended for weaning and certified with the remainder not certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] regarding cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7-Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for referral for consultation with orthopedic surgeon for the cervical spine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the injured worker continues to have ongoing symptoms in the cervical spine along with limited function despite neck fusion about 1 year prior to the request. Specialty consultation may help to clarify these issues and the utilization review determination did recommend certification for this request. In agreement with the UR determination and based on the documentation, the currently requested referral for orthopedic surgeon for consultation of the cervical spine is medically necessary.

Norco (Hydrocodone/APAP 10/325mg) Tabs #90, SIG 1 tablet by mouth every 8 hours as needed for pain with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined with the use of Norco. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids

from one practitioner. Based on the lack of documentation, medical necessity for Norco 10/325mg #90 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication. The utilization review determination which modified the request to allow for weaning should be upheld.