

Case Number:	CM14-0200986		
Date Assigned:	12/11/2014	Date of Injury:	09/07/2005
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine and is licensed to practice in New York. 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:

This 54 year old male sustained work related industrial injuries on September 7, 2005. The mechanism of injury was not described. The injured worker subsequently complained of chronic low back pain. The injured worker was diagnosed and treated for lumbar radiculopathy, congenital spondylolisthesis, displacement of lumbar intervertebral disc without myelopathy, polyradiculopathy and a nonalopathic lesion of the lumbar region. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, home exercise therapy, surgical consultation and periodic routine follow up visits. According to the provider notes, the EMG was noted to have bilateral poly radiculopathy, a 4mm spondylolisthesis at L5-S1 and multi disk protrusions. Documentation noted that the injured worker declined surgery. There was no EMG report submitted with medical claim. Per treating provider report dated October 29, 2014, the injured worker reported diffuse low back pain with stiffness and spasms. Injured worker pain score was a 4-5/10. Documentation noted that the injured worker was declared medical maximum improvement but will need significant future medical consideration. Physical exam revealed a well-nourished, well-developed person, in no acute distress. Documentation noted normal posture and gait. The treating physician prescribed two prescriptions of Norco 10/325mg #60 now under review. On November 5, 2014, the Utilization Review (UR) evaluated the two prescriptions for Norco 10/325mg #60 requested on October 30, 2014. Upon review of the clinical information, UR modified the request to Norco 10/325mg #48 between October 29, 2014 and January 2, 2015, noting the lack of measurable objective findings compared to baseline to substantiate medical necessity and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/25mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: Per MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines, page 78 On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation to substantiate that all of the above criteria were met for continued opiate treatment. The request is not medically necessary.