

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0213888 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 04/18/2007 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 44-year-old female with an original date of injury of April 18, 2007. The industrial diagnoses include hip pain, chronic low back pain, lumbar degenerative disease, prior L5-S1 anterior posterior fusion, prior left T7 to T8 hemi-laminectomy and facetectomy, and recent hardware removal on May 30, 2014. Conservative treatments have included hip trigger point injections on multiple occasions in October 2014. The patient is being maintained on chronic opioids including hydrocodone and tramadol extended release. The disputed issue is a request for Norco five times per day, #150. This was denied in a utilization review determination. The utilization review or have felt that there was not "consistent and significant improvement" in the patient's pain level or any measurable functional improvement to warrant continuation of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 5 times Daily, #150: Overturned

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

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

Decision rationale: With regard to this request, 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 adequately document monitoring of the four domains, and this is most relevantly outlined in a note from 11/6/2014. Pain relief and functional improvement was documented. The hydrocodone is felt to reduce her pain 50% and allow her to perform "housework, daily exercise, and even driving." There was documentation of a periodic urine drug screen (UDS) that was completed on 10/16/2014. There was a recent CURES report on 11/5/2014 that was provided to confirm that the injured worker is only getting opioids from one practitioner. Therefore, this request is medically necessary.