

Case Number:	CM14-0047193		
Date Assigned:	10/26/2015	Date of Injury:	07/16/2007
Decision Date:	11/20/2015	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/17/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 43-year-old male with a date of industrial injury 7-16-2007. The medical records indicated the injured worker (IW) was treated for status post L4-L5 spinal fusion (2009); chronic right S1 radiculopathy, per EMG; neuropathic pain and dysesthesias in the right lower extremity and foot; intermittent back spasms; elevated liver enzymes of unknown etiology; urinary incontinence episodes related to neurogenic bladder; and history of right shoulder pain. In the progress notes (3-3-14), the IW reported right-sided back pain, muscle spasms and stabbing pain radiating into the right leg and foot with constant burning sensation in the right leg and calf area and the toes. He also complained of right shoulder pain and urinary incontinence related to neurogenic bladder due to back surgery. His back pain was rated 8 out of 10; it 7 out of 10 at best and 10 out of 10 without medications. His shoulder pain was rated 7 out of 10. Medications included Oxycodone IR (since at least 2013) 15mg four times daily as needed for pain (using 3 or 4 daily), Pamelor, Pristiq and Lyrica. On examination (3-3-14 notes), he was unable to stand up straight and he walked with a limp. He could flex forward 30 degrees, grasping his thighs. Sensation was altered in the right lateral calf and bottom of the foot. Deep tendon reflexes were 1+ in the bilateral knees and the left ankle and absent in the right ankle. Muscle strength was 5 out of 5 in the lower extremity muscle groups tested. The right thigh and calf showed signs of disuse atrophy. Treatments included medications, TENS unit, lumbar spinal fusion and chiropractic therapy. He also was seen by a psychiatrist, which he found helpful. The notes (3-3-14) stated the IW found the medications helpful, reporting 50% functional improvement compared to taking no medications at all. He had a narcotic contract with the office and his urine drug screens were "appropriate". The provider indicated he could not prescribe

medications containing Tylenol for the IW due to his elevated liver enzymes; he was prescribing oxycodone 15mg. The IW was not working. A Request for Authorization dated 9-2-15 was received for Norco 10-325mg #120. The Utilization Review on 3-8-14 non-certified the request for Norco 10- 325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 non-adherent) 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of norco or 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 side effects. 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. It was noted that the injured worker rated pain 4/10 with medications and 10/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker is under a narcotic contract with the provider's office. UDS have been appropriate. However, as MTUS recommends to discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request for Norco 10/325mg #120 is not medically necessary.