

Case Number:	CM15-0008593		
Date Assigned:	01/28/2015	Date of Injury:	01/28/2013
Decision Date:	04/07/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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:

The injured worker is a 46-year-old male, with a reported date of injury of 01/28/2013. The diagnoses include lumbar strain, lumbar radiculopathy, upper and mid thoracic strain, and cervical strain. Treatments have included an MRI of the right knee on 06/03/2014, an MRI of the right ankle on 06/03/2014, physical therapy, an MRI for the lumbar spine, a cane, and oral medications. The progress report dated 11/19/2014 indicates that the injured worker complained of upper and mid back pain, low back pain, and neck pain. The physical examination showed tenderness to palpation of paralumbar muscles, with mild muscle spasm; mild tenderness to palpation of the paracervical muscles, with bilateral spasm; moderate tenderness to palpation over the interscapular region and parathoracic region. The treating physician requested Norco 7.5/325mg #90, one tablet three times a day as needed for pain control. On 12/18/2014, Utilization Review (UR) modified the request for Norco 7.5/325mg #90, noting that there was a lack of clear documentation of a recent urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. The UR physician modified the request for a one month supply. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 neither documentation to support the medical necessity of Norco nor any 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 pain relief, functional status improvement, appropriate medication use, 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. Furthermore, 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 documented that the injured worker had UDS 5/19/14 which was negative for Hydrocodone. The injured worker stated that he believed this was related to issues with the insurance company approving it at that time and he was also using opioids intermittently. However, as MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.