

Case Number:	CM15-0103622		
Date Assigned:	06/08/2015	Date of Injury:	01/29/2001
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old, male who sustained a work related injury on 1/29/01. The diagnoses have included lumbar disc degeneration, lumbar disc displacement/rupture, lumbar facet arthropathy, low back pain, sciatica, lumbar radiculopathy and brachial plexus lesions thoracic outlet syndrome. Treatments have included home exercises, physical therapy, medications, chiropractic treatments, acupuncture and right shoulder surgery. In the PR-2 dated 5/21/15, the injured worker complains of chronic low back, right shoulder and right leg pain. He states he continues to "manage well" on Norco pain medication. He is moving easier, able to perform his personal activities of daily living and reduce his pain by 75% throughout the day. The treatment plan includes a prescription to continue with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 non-adherent) 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. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although a progress notes document functional benefit, there are no specifics as to how this functional benefit is quantified (i.e., through a metric such as the Oswestry Disability Index) and there appears to be no changes in work status. The patient is noted to have a urine toxicology screen on 9/9/14 that was negative for Norco. A follow-up note in October 2014 documents that the patient was off Norco for 3 months and that explains the negative result, however, when initiating narcotics, functional goals must be set beforehand. Based on the lack of documentation, medical necessity of this request 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 supply the requisite monitoring documentation to continue this medication.