MAXIMUS Federal Services

Case Number:	CM15-0108299		
Date Assigned:	06/12/2015	Date of Injury:	12/04/1998
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/05/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on December 4, 1998. The injured worker was diagnosed as having status post lumbar fusion L4-L5, failed back syndrome, disc herniation with annular tear, L3-L4 per MRI in 2008, status post positive discography, and bilateral carpal tunnel syndrome. Treatment to date has included electrodiagnostic study, MRIs, CT scan, home care, lumbar fusion, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of pain in the upper extremities, low back, and bilateral lower extremities. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker reported becoming weaker, spending the majority of time in bed, difficulty supporting his own weight as he was significantly deconditioned. The injured worker's current medication was noted to be Norco. Physical examination was noted to show weakness in legs, diffuse swelling in both legs, and diffused tenderness in the lumbar spine. The treatment plan was noted to include a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has persistent low back pain which travels into the lower extremities. The current request is for Norco 10/325mg #180. The California MTUS has this to say regarding opioids, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The MTUS goes on to say "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The MTUS do not generally support chronic opioid use for low back pain. The documentation in this case indicates physical de-conditioning which is essentially a decline in function with no documentation of functional improvement with this medication. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. Of a larger concern is the urinary drug screen which is negative for oxycodone even though the patient reports daily Oxycontin usage. This was not explained by the attending physician. The four A's of opioid management have not been met in this case and as such, the request does not appear to be medically necessary at this time.