

Case Number:	CM15-0017078		
Date Assigned:	02/03/2015	Date of Injury:	08/14/2003
Decision Date:	04/07/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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 56 year old male who sustained an industrial injury on 8/14/03. The injured worker reported symptoms in the spine. The diagnoses and prior treatments included status post anterior-posterior lumbar fusion August 2004, removal of hardware September 2005, L4-5 disc degeneration above an L5-S1 fusion with positive discogram, severe L4-5 stenosis, status post L4-L5 posterior lumbar interbody fusion with bilateral laminotomies on 1/25/12, bilateral lower extremity radiculopathy, status post right total knee replacement, status post successful lumbar spinal cord stimulator, non-union L4-5 per computed tomography scan, status post spinal cord stimulator revision on 9/8/14. In a progress note dated 12/17/14 the treating provider reports the injured worker was with "ongoing difficulty with low back pain that refers down into the bilateral lower extremities" also noting the injured worker "relies upon a seated wheeled walker for assistance with ambulation." On 12/22/14 Utilization Review non-certified the request for 1 prescription of Norco 10/325 milligrams #180. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-78, 88, 91 of 127.

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 nonadherent) 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 most recent note dated January 14, 2015 reveals no documentation to support the medical necessity of Norco 10/3 to 5 mg nor any documentation addressing all of the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the note does not appropriately review and document objective pain relief achieved with the usage of Norco. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.