MAXIMUS Federal Services

Case Number:	CM15-0131078		
Date Assigned:	07/17/2015	Date of Injury:	05/15/2012
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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 60 year old male, who sustained an industrial injury on 5/15/2012. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar spine myofascitis with radiculitis, rule out lumbar spine disc injury, and left knee internal derangement. Treatment to date has included medications, chiropractic care, and evaluations. The request is for Norco. Several pages of the medical records have handwritten information which is difficult to decipher. On 4/9/2015, he complained of pain to the back rated 5, left knee pain, right ankle pain, pysch and sleep. He indicated pain medications decrease his pain by 50%. The treatment plan included: xylocaine injection, and continuing medications which are not listed. He is off work. A request for authorization dated 4/10/2015 is for Norco, Soma, and Omeprazole. On 5/11/2015, he reported falling a week earlier onto his right ankle. He had back pain rated 10, left knee pain rated 8, and ankle pain rated 10. The treatment plan included: a custom brace, x-rays of the low back, and right ankle, and prescription for medications. The medications are not listed. He is off work. On 6/16/2015, he complained of pain to the back, left knee, right ankle. He also complained of insomnia and psych. He rated his back pain 9, left knee pain 9, and right ankle pain 9. He reported walking every hour. The treatment plan included: continuing medications, home exercise, and request for Lunesta. The medications were not listed. He is on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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 As' (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 nor sufficient documentation addressing the '4 As' 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, 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. It was noted per progress report dated 4/9/15 that the injured worker stated pain medications reduced pain by 50%, however, per the latest progress report dated 6/16/15, there was no documentation of efficacy regarding norco, nor was there any documentation of functional benefit. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, this request is not medically necessary.