

Case Number:	CM15-0132374		
Date Assigned:	07/20/2015	Date of Injury:	12/10/2004
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This 54 year old male sustained an industrial injury on 12/10/04. He subsequently reported back pain. Diagnoses include chronic low back pain, left L5 radicular pain with positive EMG study. The injured worker continues to experience low back pain. Upon examination, the injured worker ambulated with a cane, favoring his lumbar spine and ongoing tenderness to lumbar paraspinal muscles was noted. A request for Norco 10/325mg #180 and Norco 10/325mg #180 DND until 06/25/2015 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Long-term Users of Opioids (6-months or more); Weaning of Medications.

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 ongoing 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." The documentation submitted for review indicates that the injured worker's pain level without medication is 9/10, and 6/10 with medication. With medication he is able to get out of bed, and able to complete personal hygiene, walk in the house, and exercise in the pool 1 to 2 times per week. Without medication, he would stay in bed unable to do anything. UDS dated 3/5/15 was consistent with prescribed medications. CURES report was checked on 4/27/15 and was appropriate. The injured worker signed Opioid Treatment Agreement on 3/5/15. I respectfully disagree with the UR physician's assertion that the documentation did not support the ongoing use of opioids. The request is medically necessary.

Norco 10/325mg #180 DND until 06/25/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Long-term Users of Opioids (6-months or more); Weaning of Medications.

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 ongoing 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." The documentation submitted for review indicates that the injured worker's pain level without medication is 9/10, and 6/10 with medication. With medication he is able to get out of bed, and able to complete personal hygiene, walk in the house, and exercise in the pool 1 to 2 times per week. Without medication, he would stay in bed unable to do anything. UDS dated 3/5/15 was consistent with prescribed medications. CURES report was checked on 4/27/15 and was appropriate. The injured worker signed Opioid Treatment Agreement on 3/5/15. I respectfully disagree with the UR physician's assertion that the documentation did not support the ongoing use of opioids. The request is medically necessary.