

Case Number:	CM15-0133059		
Date Assigned:	07/21/2015	Date of Injury:	10/21/2007
Decision Date:	09/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/09/2015

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 52-year-old male, who sustained an industrial injury on 10/21/2007. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical disc degeneration, status post cervical spinal fusion, lumbar radiculopathy, headaches, chronic pain, insomnia, history of failed cervical spine surgery. The lumbar spine is noted as not on the claim. Treatment to date has included magnetic resonance imaging of left shoulder (2/19/2010). The request is for Norco. On 12/1/2014, he complained of neck pain with radiation down the bilateral upper extremities, lower extremity pain in the right knee, headaches, and insomnia. He rated his average pain since his last visit with medications as 9/10, and without medications as 10/10. He reported his activities of daily living limitations as sleep, opioid pain medications as helpful, and without medications, he would be unable to do his activities of daily living. He is noted to have tenderness in the neck and bilateral shoulders. A CURES report and urine drug test is noted to have no inconsistencies. He is noted to have developed opiate tolerance due to long term opiate use. The provider indicated weaning of opioid medications has been unsuccessful as pain symptoms worsen and withdrawal side effects have been intolerable even with slow weaning. The treatment plan included: continue home exercise program, x-ray of the right knee, renew: Doxepin, Fioricet, Flexeril, MS Contin, prescribe: Tylenol #3, discontinue: Norco. On 12/29/2014, Tylenol #3 is noted to not be as effective as Norco. Norco was then prescribed. On 4/20/2015, he rated his neck pain on average with medications as 8/10, and without medications as 10/10. He indicated a 40% improvement with the current therapy. On 5/18/2015, he complained of neck pain with radiation down the bilateral upper extremities, ongoing daily

headaches, insomnia, teeth decay from long-term opiate use. He rated his pain on average with medications since his last visit as 7/10, and without medications as 9/10. He reported his pain as unchanged since his last visit. His activity of daily living limitations is noted to be with ambulation, and sleep. He reported a 40% improvement with his current therapy. He indicated areas of functional improvement with the current therapy included: ability to attend church, bathing, brushing teeth. His goals included return to work. He is not currently working. The treatment plan included: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg three times a day quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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 "4A'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 available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 3/23/15, it was noted that CURES report was obtained 12/1/14 and was reviewed with the patient, no inconsistencies were noted. It was noted that prior urine drug test was reviewed which showed no inconsistency, however, no UDS reports were submitted for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.