

Case Number:	CM15-0138586		
Date Assigned:	07/28/2015	Date of Injury:	08/03/2012
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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 55-year-old male who sustained an industrial injury on 08/03/12. Initial complaints and diagnoses are not available. Treatments to date include medications and a cervical fusion in 09/13. Diagnostic studies include MRIs and an electrodiagnostic study of the bilateral upper extremities on 01/22/15. Current complaints include right shoulder popping and lower back cramping. Current diagnoses include lower back pain with radiculopathy, left carpal tunnel syndrome, shoulder bursitis on the right, and nonindustrial chronic obstructive pulmonary disease and history of hepatitis. In a progress note dated 05/27/15 the treating provider reports the plan of care as continued Norco, and an orthopedic surgery consultation for the right shoulder. The requested treatments include Norco. The documentation supports that the injured worker has been on the same dose of Norco since at least 01/20/15.

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, criteria for use; when to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

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." Per progress report dated 5/27/15, it was noted that the injured worker was taking 6 norco a day. He rated his pain without medication 8/10 and 4/10 with medication. However, in the last month, on average, he rated the intensity of his pain at a level of 9/10. He stated that with medication he was able to work/volunteer limited hours and take part in limited social activities on the weekend. Without medication, he gets dressed in the morning, does minimal activities at home and has contact with friends via phone or email. The injured worker has rated his pain 9/10 on average in the last month. This does not suggest substantial pain relief warranting continued use of his opiate medication regimen. 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. With regard to medication history, the injured worker has been using this medication since 11/2014. Absent appreciable pain relief, and documentation evidencing appropriate usage, medical necessity cannot be affirmed.