

Case Number:	CM15-0140314		
Date Assigned:	08/04/2015	Date of Injury:	07/19/2006
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old female, who sustained an industrial injury on 07-19-2006. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with chronic lumbar back pain with multilevel disc bulges, chronic right greater than left radicular symptoms, chronic left knee pain status post left knee surgery, chronic bilateral trochanteric bursitis, chronic bilateral ankle sprain and chronic depression and anxiety. Treatment to date has included medication, bracing and transcutaneous electrical nerve stimulator (TENS) unit. Documentation shows that Norco was prescribed as far back as 10-16-2014. Several pain disability indices were included which showed that the injured worker reported a significant reduction of pain from a severe (9-10 out of 10) to mild level (0-2 out of 10) with use of pain medication and that activities of daily living had improved significantly with medication use. The physician noted that the injured worker had increased physical and psychosocial functioning with the use of opiate medication and that there was no evidence of aberrant drug taking behavior or diversion. In a progress note dated 04-07-2015, the injured worker reported low back and bilateral lower extremities. Objective findings were notable for tenderness of the interior patellar region of the left knee with difficulty fully extending the left knee due to pain, right knee tenderness laterally with tenderness of both calves, paralumbar tenderness from L2 to L5-S1, left sided sacroiliac tenderness and bilateral trochanteric tenderness. The injured worker's work status is unclear as the progress notes document an inability to work but the disability certificates indicate that the injured worker's work status was modified. A request for authorization of Norco 10-325 mg #120 on dates of service 04-07-2015 and 05-05-2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (DOS: 4.7.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Chapter 6, Pain Suffering & the Restoration of Function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. It is noted in this case the patient continues not working. Moreover, the pain and disability questionnaires submitted do not seem as though the patient understands how to properly fill them out. For each question, it is noted that the patient had 10/10 in terms of disability without medication and 0/10 in terms of disability with medication. If this were truly the case, a return to work would be feasible. Based on the lack of clear documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Norco 10/325mg #120 (DOS: 5.5.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Chapter 6, Pain Suffering & the Restoration of Function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. It is noted in this case the patient continues not working. Moreover, the pain and disability questionnaires submitted do not seem as though the patient understands how to properly fill them out. For each question, it is noted that the patient had 10/10 in terms of disability without medication and 0/10 in terms of disability with medication. If this were truly the case, a return to work would be feasible. Based on the lack of clear documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.