

Case Number:	CM15-0141263		
Date Assigned:	07/31/2015	Date of Injury:	07/12/2010
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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 50 year old male, with a reported date of injury of 07-12-2010. The mechanism of injury was bending over to unplug the light on his trailer. The injured worker's symptoms at the time of the injury included a knuckling sensation in the low back. The injured worker dropped to his knees. The diagnoses include chronic low back pain and status post lumbar fusion. Treatments and evaluation to date have included oral medication, lumbar discectomy in 2011, which made his symptoms worse, lumbar fusion in 01-2014, which helped quite a bit. According to the medical report dated 01-19-2015, the diagnostic studies to date have included two MRIs. The progress report dated 06-16-2015 indicates that the injured worker as there for ongoing low back pain, and he continued to do well on the two Norco tablets a day. It was noted that the medication documentation had not changed since the 05-19-2015 visit. The objective findings include ongoing tenderness to the lumbar paraspinal muscles. The treatment plan included a written prescription for Norco 10-325mg #60 with no refills and a second prescription for Norco 10-325mg #60, do not fill date of 07-16-2015. The plan was to see the injured worker in two months. The injured worker's work status was noted as no repetitive bending or stooping, no heavy lifting, and no heavy pushing or pulling. The progress report dated 05-19-2015 indicates that the injured worker had ongoing low back pain and took two Norco tablets a day. His pain level before medication was 7 out of 10, and 4 out of 10 with medication. It was noted that with medication, the injured worker was able to stay active with his children and grandchildren and he worked in his yard on occasion. The injured worker walked every day for exercise and helped with the activities round the house such as preparing meals, washing dishes, and doing laundry. There were no adverse side effects noted; the

random; drug screen was consistent; and there was a signed pain agreement on file. The injured worker's average pain score was 5 out of 10; it would get up to 7 out of 10; and come down to 4 out of 10 with the two Norco tablets per day. The medication allowed him to remain active with his family, exercise consistently, and improved his overall quality of life. The objective findings were documented as no significant change. The treatment plan included a written prescription for Norco 10-325mg #60 with no refills. His works status included no repetitive bending or stooping, no heavy lifting, and no heavy pushing or pulling. The treating physician requested Norco 10-325mg (quantity unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Hydrocodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78, 93.

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 non-adherent) 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."Review of the available medical records reveals insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' 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. Per progress report dated 5/19/15, it was noted that pain level before medications was 7/10 and reduced to 4/10 with medications. He reported increased ADLs with medication use. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was consistent and that the injured worker had a signed pain agreement on file, however, there were no UDS reports submitted for review. As the request does not specify quantity information, it is not medically necessary.