

Case Number:	CM15-0141282		
Date Assigned:	07/31/2015	Date of Injury:	10/20/1994
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
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 55 year old female, who sustained an industrial injury on October 20, 1994. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back and right shoulder complaints. The diagnoses have included chronic right shoulder pain with a prior history of right shoulder surgery, status post lumbar fusion with revision and a non-industrial gastric bypass. Documented treatment and evaluation to date has included medications, surgery and a home exercise program. The injured worker was noted to be working with restrictions. Current documentation dated July 1, 2015 notes that the injured worker reported pain which was rated a 2-3 out of 10 on the visual analogue scale with medications. Medications included Norco, Biofreeze gel, Prevacid and Flexeril. The injured worker denied any adverse reactions to medications. The injured worker also denied any interim changes. Objective findings revealed no significant changes. The injured worker was to have a follow-up visit in 3 months. Documentation dated April 8 2015 notes that the injured workers pain level was a 2-3 out of 10 on the visual analogue scale with medications. The current medication regime allows the injured worker to work with restrictions, walk greater than a mile five days a week and to perform household chores. The treating physician noted there were no adverse effects to medications or aberrant behaviors and that the injured workers last urine drug screen was consistent. The injured worker was noted to be in no acute distress and was able to independently ambulate. The treating physician's plan of care included a request for Norco 7.5-325 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/Acetaminophen, 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 on-going 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 or appropriate medication use. 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 7/1/15, it was noted that the injured worker's pain was reduced to 2-3/10 with her medications, and an 8/10 without medication. She is able to work with restrictions. She denied any adverse reactions. Per progress report dated 4/8/15, it was noted that the injured worker stated with her medications she is able to walk greater than 1 mile 5 days a week and to perform household chores. It is noted that there are no aberrant behaviors and the last UDS was consistent. I respectfully disagree with the UR physician's assertion that the documentation submitted for review does not support ongoing opiate therapy. The request is medically necessary.