

Case Number:	CM15-0146974		
Date Assigned:	08/07/2015	Date of Injury:	05/03/2011
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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 45 year old male, who sustained an industrial injury on 5-3-11. The diagnoses have included chronic myofascial pain syndrome of the cervical and thoracic spine, left lumbar radiculopathy, cervical radiculopathy with pain and numbness of the left arm, status post left knee surgery, status post back surgery, chronic insomnia and major depression. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, trigger point injections, home exercise program (HEP) and other modalities. As per the most current physician progress note dated 10-30-14, the injured worker complains of constant intractable low back pain. The pain is rated 9 out of 10 without medications and 3-4 out of 10 with medications. The objective findings reveal restricted cervical and lumbar range of motion, multiple myofascial trigger points and taut bands noted throughout the cervical, thoracic, lumbar spine and gluteal musculature. The range of motion of the bilateral knees was decreased. He was unable to perform heel-toe gait and ambulated with a cane. The sensation was decreased in the left leg and left knee areas. There is also a progress note dated 12-4-14 that the physician noted that the injured worker could not get filled prescription for Norco. The objective findings were noted to be the same as previous visit. The pain in the neck, upper back, shoulders and left knee was rated 9 out of 10 and the average pain was noted to be rated 8 out of 10 on the pain scale. It is noted that he is unable to perform numerous activities of daily living (ADL). It is also noted that he has severe depression and severe sleep disturbance. The injured worker complains of acid reflux and increasing pain in the low back, imbalance on the feet, headaches and pain in the eyes. The current medications included Norco, Percocet, Fluoxetine, Mirtazapine, Prozac, Remeron, Xanax and Oxycodone. The urine drug screen dated 10-22-12 and 2-11-13 were inconsistent with the medications prescribed. The physician requested treatment included Norco 10-325mg #180 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of recent random urine toxicology testing. The urine drug screens done were inconsistent in results and were in the remote past. Based on the lack of 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 supplies the requisite monitoring documentation to continue this medication.