

Case Number:	CM15-0149156		
Date Assigned:	08/14/2015	Date of Injury:	10/06/2008
Decision Date:	09/16/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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 63 year old male who sustained an industrial injury on October 06, 2008. A recent primary treating office visit dated June 23, 2015 reported subjective complaint of lower back pain and weakness into bilateral lower extremities which he feels gradually seems to be getting worse over time. The following diagnoses were applied: chronic lumbar back pain with disc protrusion at L3-4 and L4-5 per magnetic resonance imaging done on December 02, 2010. There is also electronic evidence from nerve conduction performed on December 31, 2008 showing left L3 radiculopathy. A lumbar MRI done on April 17, 2012 showed a L4-5 and L5-S1 degenerative disc with superimposed left foraminal extending to L4-5 disc protrusion contained disc herniation crowing the exiting left L3 nerve root; chronic cervical and thoracic myofascial pain secondary to spasms in lumbar spine; anxiety secondary to chronic pain exacerbating low back pains. The plan of care noted refilling Norco 10mg 325mg one by mouth every 4-6 hours #180. There will be an attempt to obtain Atarax and refilled the Baclofen. He is not able to work. The follow up visit dated May 26, 2015 reported a recent slip and fall without injury. He is still with subjective complaint of low back pain. There are no changes to the medications or the plan of care. A follow up dated April 28, 2015 reported the worker not able to obtain medication Atarax and with increased pain in the lower back.

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 no refills: 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): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 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 nonadherent) 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 pain relief, 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. It was noted per progress report dated 6/23/15 that the injured worker improved functionally with regard to recreation, social activities, occupation, sexual behavior, self care, and life support activities. However, no specific improvement in VAS score was documented. 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. The injured worker has been using this medication since at least 11/2014, and as such UDS should be documented. Absent documentation of appropriate usage, medical necessity cannot be affirmed.