

Case Number:	CM15-0160349		
Date Assigned:	08/26/2015	Date of Injury:	03/23/2004
Decision Date:	10/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 53-year-old female, who sustained an industrial injury on 3-23-2004. She reported, "The left knee snapped and she collapsed". Diagnoses include right knee degenerative joint disease, status post right total knee arthroplasty, right hip bursitis, lumbar stenosis, arthropathy and radiculopathy, right shoulder impingement syndrome, and multiple surgeries to the left knee. Treatments to date include activity modification, medication therapy, physical therapy, aquatic therapy, epidural steroid injections, and cortisone joint injections. Currently, she complained of pain in the neck and low back. Current medication included Diclofenac, Norco, and Celexa. On 5-5-15, the physical examination documented tenderness over lumbar facets and muscles with positive straight leg raise test bilaterally and decreased L5 sensation. The plan of care included a request to authorize radiofrequency ablation and Norco 10-325mg one tablet every four hours #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RFA 8/5/15 Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, When to discontinue/continue Opioids.

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 "4A'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 '4A'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, 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 5/5/15, pain was rated 7/10 with medication, which increases to 10/10 without medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report available was dated 9/2014 and was consistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.