

Case Number:	CM15-0163024		
Date Assigned:	08/31/2015	Date of Injury:	09/24/2004
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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 48 year old female, who sustained an industrial injury on 09-24-2004. The injured worker is currently temporarily disabled. Current diagnoses include opioid dependence, lumbar radiculopathy, degeneration of lumbar intervertebral disc, and lumbar post laminectomy syndrome. Treatment and diagnostics to date has included lumbar spins surgery, physical therapy, and medications. Current medications include Oxycodone, Norco, Gabapentin, Valium, Clonidine, Lidoderm patch, Zofran, and Zorvolex. In a progress note dated 08-05-2015, the injured worker reported severe low back and left lower extremity pain with poor pain control with current medication regimen. The injured worker requested to through outpatient detoxification for Oxycodone and Norco with a transition to Buprenorphine. Objective findings included the injured worker being depressed and agitated, tearful appearance, stooped posture, and antalgic gait with use of walker. The treating physician reported requesting authorization for Norco and 5 day outpatient detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 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 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 no documentation to support the medical necessity of Norco nor any 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, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records submitted for review contain evidence of UDS, however, the most recent referenced was from 3/2014. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

5 Day Outpatient Detox Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification.

Decision rationale: Per the MTUS guidelines regarding detoxification: Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005) The documentation submitted for review indicates that the injured worker was previously weaned from Norco in 2014. While it is noted that the injured worker demonstrates opioid dependence, and a lack of functional improvement, the documentation does not provide a rationale as to why a detoxification program is necessary. The request is not medically necessary.

