

Case Number:	CM15-0182797		
Date Assigned:	09/23/2015	Date of Injury:	02/24/2003
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This injured worker is a 59 year old male who reported an industrial injury on 2-24-2003. His diagnoses, and or impressions, were noted to include: bilateral carpal tunnel syndrome; and degenerative lumbar disc disease. No current imaging studies were noted. His treatments were noted to include medication management with instructions not to drive; and a return to full and unrestricted work duties. The progress notes of 3-4-2015 reported: no changes in symptoms; intermittent muscle spasms in the low back; and that he was doing well with his pain medications noted to be Norco 10-325 mg. The physician's requests for treatment, at that time, were noted to include a pre-dated prescription for Norco 7.5-325 mg, one 3 x a day, #90, dated 4-1-2015, because he had been able to function with his medications and reduce his pain from a 9 out of 10, to a 4 out of 10. The progress notes of 8-19-2015 reported: continued low back pain, rated 6-7 out of 10, and bilateral hand numbness, relieved a good amount by Norco 7.5-325 mg. The objective findings were noted to include: areas of tenderness in the back and bilateral upper extremities; 70% of normal flexion and extension in the lumbar spine; 80% of normal range-of-motion in the bilateral upper extremities; 80% of normal range-of-motion in the bilateral lower extremities; give-away weakness in the upper limbs; and sensory hyperesthesia of the bilateral hands-median nerve distributions. The physician's requests for treatment was noted to include a pre-dated prescription for Norco 7.5-325 mg, one 3 x a day, #90, dated 9-16-2015 because he was doing "ok" with his medications and there were no new problems. The Request for Authorization, dated 9-5-2015, was noted for Norco 7.5-325 mg one 3 x a day, #90. The Utilization Review of 9-14-2015 modified the request for Norco 7.5-325 mg, from #90, to #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg #90: 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 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." Per progress report dated 4/29/15 it was noted that the injured worker stated that he has been able to function with his medication. His pain level was rated 9/10 without medications and 4/10 with medications. He was only able to sit, stand, walk for about 30 minutes without medications, but with medications he is able to be functional with these activities for hours. However, 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. Absent documentation assuring safe and appropriate usage, medical necessity cannot be affirmed. The request is not medically necessary.