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| Case Number: | CM15-0182847 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 11/25/2013 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/26/2015 |
| 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:

The injured worker is a 31 year old male, who sustained an industrial injury on 11-25-2013. He reported a low back injury from heavy lifting activity. Diagnoses include lumbar disc protrusion with stenosis, radiculopathy, cervical sprain-strain, and lipoma of the thoracic spine on the left. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection. Currently, he complained of ongoing low back pain with bilateral lower extremity numbness and tingling. Pain was rated 9 out of 10 VAS, and 4 out of 10 VAS with use of Norco. On 8-12-15, the physical examination documented lumbar tenderness with decreased range of motion, positive Kemp's sign and a positive straight leg raise test on the right side with decreased strength and sensation in the right lower extremity. The plan of care included continuation of Norco 10-325mg, one tablet every eight hours as needed. The appeal requested authorization for Norco 10-325mg #90. The Utilization Review dated 8-26-15, denied the request indicating the available records did not include documentation regarding increased functional ability as a result of continued opioid use, per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 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 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." 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 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 the documentation submitted for review, it was noted that the injured worker rated pain 9/10 and 4/10 with the use of norco. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There was mention of UDS being performed in 2014, however, no reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.