

Case Number:	CM15-0184387		
Date Assigned:	09/24/2015	Date of Injury:	02/26/2008
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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 male who sustained an industrial injury on 02-23-2008. Current diagnoses include status post large disc herniation at L4-L5 with subsequent L4-L5 laminectomy in 2008 followed by L4-L5 fusion in 2011, residual chronic low back pain with evidence of L4-L5 nonunion with hardware loosening, right lower extremity radiculopathy, and depression. Report dated 08-25-2015 noted that the injured worker presented with complaints that included an acute flare of axial low back pain with some radiation into the right lower extremity. Other complaints included anxiety and depression Pain level was 6 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). Current medication regimen includes morphine ER for baseline pain control and Norco for moderate to severe breakthrough pain, Soma as a muscle relaxant, diazepam for anxiety, eszopiclone for insomnia, and gabapentin for neuropathic pain. The injured worker notes 50% functional improvement and improvement of pain with use of medications. Physical examination performed on 08-25-2015 revealed tenderness in the lumbar spine with spasms, positive twitch response, decreased range of motion, positive straight leg raise on the right, and hypesthesia in the right S1 dermatome. Previous treatments included medications, surgical interventions, opioid detoxification program, and psychiatric care. The treatment plan included refilling medications, follow up regarding possible surgical intervention, request for a Toradol injection, and follow up in one month. The injured worker has been prescribed Norco since at least 09-23-2014. The injured worker is working part-time. The utilization review dated 09-04-2015, non-certified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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." Per progress report dated 8/25/15, it was noted that the injured worker rated his pain 6/10 with the use of medications, versus 10/10 without medications. Without medication, he is confined to his bed or a chair and has minimal ability to perform activities of daily living. His medications allow him to perform his activities of daily living, which include self-care such as bathing and dressing, light household chores, meal preparation, and grocery shopping. The injured worker notes that without medication, his ambulation is limited to one to two blocks. With medication, he can ambulate four to five blocks. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/28/15 was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation submitted for review does not support ongoing opiate therapy. While it is noted that the injured worker has participated in an opiate detoxification program previously, it does not mean that no dose is appropriate for him; it may just mean a lower dose is indicated. He is status post lumbar fusion with non-union, which is very painful. He is now followed by behavioral health, and is on adjuvants such as gabapentin. Additionally, if morphine was authorized, then the injured worker meets some criteria, and the assertion that PRN short acting medication is somehow contraindicated when long acting is not is not supported by the MTUS guidelines. The request is medically necessary.