MAXIMUS Federal Services

Case Number:	CM15-0187592		
Date Assigned:	09/29/2015	Date of Injury:	01/18/2001
Decision Date:	11/10/2015	UR Denial Date:	08/23/2015
Priority:	Standard	Application Received:	09/23/2015

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 44 year old male who sustained an industrial injury on 01-18-2001. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative joint disease. The injured worker is status post lumbar laminectomy and discectomy times 2 at L5-S1 (no dates documented). According to the treating physician's progress report on 08-05-2015, the injured worker continues to experience severe back pain radiating down his left leg rated as 8 out of 10 on the pain scale. The injured worker reported pain level without medications at 10 out of 10 and 4 out of 10 at its best with medications. Examination on 08-05-2015 demonstrated an antalgic posture with absent 'right' Achilles and sensory loss to light touch and pinprick at the 'right' lateral calf and bottom of the foot. Motor strength in the 'right' thigh flexion was noted at 4 out of 5. Other reports in the review note left Achilles absent with sensory loss on the left side and motor strength diminished on the left. Current medications were listed as Norco 10mg-325mg, Soma and Naprosyn. The injured worker has been on Norco 10mg-325mg since at least 02-2015. Treatment plan consists of continuing medication regimen and water therapy. On 08-10-2015 the provider requested authorization for Norco 10mg-325mg #240. The Utilization Review modified the request for Norco 10mg-325mg #240 to Norco 10mg-325mg # 24 on 08-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: 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." 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 progress report dated 8/12/15 it was noted that the injured worker rated his pain 10/10 without medications, and at best 4/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that urine drug screens have been appropriate, however, no UDS reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.