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| Case Number: | CM15-0187727 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 04/26/1996 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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 66-year-old female, with a reported date of injury of 04-26-1996. The diagnoses include cervical radiculopathy, cervical failed back syndrome, and carpal tunnel syndrome. Treatments and evaluation to date have included Cymbalta, Lyrica (helpful), Norco (since at least 04-2015), Gabapentin (failed), and cervical spine fusion (failed). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-31-2015 indicates that the injured worker had a history of chronic neck pain. She reported that the medications prescribed have been helpful to reduce her level of pain. The treating physician noted that the injured worker stated that she took her medications as prescribed. It was also noted that the medications provided the injured worker with greater than 50% pain relief, and they help within 20 minutes of taking them. The injured worker was able to perform activities of daily living such as bathing, grooming, dressing, and preparing meals with the help of the medications. There were no adverse side effects noted and no suspicious or drug seeking behavior. The injured worker rated her pain 3 out of 10 at its least; 9 out of 10 at its worst; and 4 out of 10 with medications. Her current pain level was rated 7 out of 10. On 06-29-2015, the injured worker rated her pain 2 out of 10 at its least; 8 out of 10 at its worst; and 4 out of 10 with medications. The physical examination showed decreased cervical spine range of motion; decreased cervical rotation to the right and left; positive Spurling's maneuver; diminished sensation to the left thumb, index, and middle finger on the left; decreased grip strength on the left; and an antalgic gait. The treating physician noted that the last urine drug screen was reviewed and "consistent"; a CURES report had "no signs of doctor shopping noted"; and the

pain medications were reviewed and there was "no evidence of abuse, hoarding or diversion". The injured worker's work status was deferred to the primary treating physician. The treating physician requested Norco 10-325mg #90. On 09-08-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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." Per progress report dated 8/31/15 it was noted that the injured worker reported pain without medications was rated 9/10 and with medications 4/10. She reported that medications allowed her to perform activities such as bathing, grooming, dressing, and preparing meals. No adverse effects were noted. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it was noted that the most recent UDS was consistent with prescribed medications, and that CURES report showed no signs of doctor shopping. The injured worker's current morphine equivalent dose is below 120MED. I respectfully disagree with the UR physician's denial based upon a lack of supporting documentation. The medical records support the ongoing use of opiates. The request is medically necessary.