

Case Number:	CM15-0188147		
Date Assigned:	09/30/2015	Date of Injury:	09/23/2001
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
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 44 year old male injured worker suffered an industrial injury on 9-23-2001. The diagnoses included sprain-strain of the lumbar region, lumbago, thoracic- lumbar neuritis-radiculitis and sprain-strain of the shoulder. On 9-4-2015 the treating provider reported pain in the cervical spine, lumbar spine and left shoulder. She also reported increased pain in the right shoulder as compensatory pain. On exam, there was radiation to the right shoulder with the pain rated at the least 2 out of 10 to the worst as 7 out of 10. The lumbar spine pain radiated to the mid back, the left shoulder blade, buttocks and groin. The pain was rated 4 out of 10 at the least and 8 out of 10 at the worst. The cervical spine pain was rated at the least 3 out of 10 and at worst 8 out of 10. The current medications were noted to be Xanax, Neurontin, Norco and Soma. Norco had been in use at least since 2-18-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no detailed evidence of functional improvement with treatment and no aberrant risk assessment. The Utilization Review on 9-17-2015 determined modification for Norco 10/325mg tablets, #120 to #108.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets, #120: 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 no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, 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. Furthermore, 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. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.