

Case Number:	CM15-0191737		
Date Assigned:	10/05/2015	Date of Injury:	11/01/1997
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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 11-1-97. Diagnoses are thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, postlaminectomy syndrome cervical region, degenerative disc disease -cervical spine, status arthrodesis with discectomy below C2 spine, anxiety disorder- generalized, and depression-chronic. Previous treatment includes physical therapy and medication. In an office visit dated 8-24-15, the physician notes his urine drug screen this visit was positive for THC and this is third positive for THC. He states "he has not used marijuana in months and this can't be accurate." He reports he used to use it for appetite stimulation but no longer does. Pain is reported in the bilateral arms, neck, and thoracic spine. Pain is made worse by lifting, stress, standing, and no sleep. Pain is made better by sleep, heat, medication, and physical activity-exercise. He notes he can tolerate a pain level of 7 out of 10. Pain over the last month with medications is reported to be 8 out 10 at the least, 9 out of 10 on average and 10 out of 10 at its worst. He uses a cane. It is reported that he is resting or reclined 50-75% of the waking day. The requested treatment of Norco 10-325mg #180 was modified to Norco 10-325mg #135 on 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 nonadherent) 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 8/24/15, it was noted that pain with medications was 8/10 at the least, on average 9/10, and 10/10 at worst. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation notes that the injured worker had several inconsistent drug tests positive for THC, UDS reviewed 8/24/15 was positive for THC. It was his third UDS positive for THC. He stated that he had not used marijuana in months and that this could not be accurate. He reported that he used to use marijuana for appetite stimulation, but no longer does. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.