

Case Number:	CM15-0201833		
Date Assigned:	10/20/2015	Date of Injury:	06/15/2014
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 female who sustained an industrial injury on June 15, 2014. The worker is being treated for: major depressive disorder, severe, recurrent, without psychotic features; mild lumbar spine radiculitis; displaced lumbar intervertebral disc, unspecified thoracic, lumbar neuritis, radiculitis. Subjective: September 02, 2015, stress; difficulty dealing with stress and pain. August 24, 2015 depression about the same, and thoracic and lumbar pain rated "4" in intensity out of 10. August 21, 2015, "no improvement in symptoms, from injections last visit August 07, 2015." "Severe low back pain." Objective: September 02, 2015, "The patient is still depressed, showing improved affect." August 21, 2015, "has severe limitation of lumbar spine active range of motion due to severe pain." Medications: August 24, 2015 "doing well with Effexor." Mood, affect appropriate and congruent. August 21, 2015: Norco, Effexor, Frenofibrate, Venlafaxine, Hydrocodone, Omeprazole, and Prilosec. Treatment: cognitive behavioral therapy with psychotropic medication management, Cortisone injection August 07, 2015, "didn't help," further note of two being denied. On September 18, 2015 a request was made for Norco 10mg 325mg #90 that was noncertified with weaning process by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 no documentation to support the medical necessity of Norco or any 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 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 discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.