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| Case Number: | CM15-0202004 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 05/16/2000 |
| Decision Date: | 12/02/2015 | 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 68 year old male, who sustained an industrial injury on 5-16-00. The injured worker was diagnosed as having lumbar radiculitis, lumbar disc bulge L5-S1, postlaminectomy syndrome Lumbar L4-S1 fusion; chronic narcotic use (hydrocodone) with good relief and no side effects (Patient is not a wean candidate); depression. Treatment to date has included status post lumbar fusion L4-S1; status post lumbar transforaminal injection with minimal relief, chronic narcotic use; physical therapy; medications. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker went to a Functional Restoration Program (FRP) for 2 weeks and states it was "torture for me"; he was in too much pain. Norco decreased his pain by 60% with no side effects. The injured worker reports he gets out of the house 3-4 times a week for 45 minutes to 1 hour. The injured worker reports he is almost home bound secondary to pain. The FRP evaluation was completed. The provider notes he was "Recommended for a treatment program of 40 sessions: cannot concentrate, and is a poor candidate; has not worked since 2004." Objective findings are documented by the provider as: "Flat affect, speaks very slowly, pressured; poor eye contact; patient very depressed; ambulates slowly with aid of cane; straight leg raise is positive at 45 degrees, sensation is decreased in right posterolateral thigh, left posterior thigh, cannot heel-toe walk; Urinalysis OK, compliant; CURES: OK, narcotics contact on chart." The provider's treatment plan is to continue Norco 10-325mg every 8 hours PRN #90 and Cymbalta 60mg daily #30; continue home exercise program; continue with psych, Urine toxicology screen on next visit and follow-up in one month. PR-2 notes dated 7-30-15 and 7-2-15 are same to similar complaints, examination and treatment plan including Norco as

prescribed. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-22-15 and non-certification for Norco 10-325 mg #90. A request for authorization has been received for Norco 10-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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 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. 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. It was noted per the medical records, that the injured worker reported 60% pain relief with Norco, with no reported side effects. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 3/25/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.