

Case Number:	CM15-0205158		
Date Assigned:	10/22/2015	Date of Injury:	04/03/2006
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 42 year old male who sustained an industrial injury on 04-03-2006. According to a progress report dated 09-03-2015, the injured worker reported lower back pain that was described as sharp, aching and constant. Pain was rated 5 with medications and 7-10 without medications on a scale of 1-10. Diagnoses included lumbago, postlaminectomy syndrome lumbar and encounter long prescription use. The provider noted that a pain contract was on file. Medications prescribed included Norco 10-325 mg 1 tablet by mouth every 4-5 hours (not to exceed 6 per day). Work status included modified work. Documentation shows long term use of Norco. A urine toxicology that was performed on 07-08-2015 was negative for Hydrocodone, Hydromorphone and Norhydrocodone and was not as "not consistent". On 09-23-2015, Utilization Review non-certified the request for Norco 10-325 mg quantity 180 per 09-03-2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

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

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 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 8/25/15, it was noted that the injured worker rated pain with medication 4/10 and 7/10 without medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 7/8/15 was negative for opiates. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.