

Case Number:	CM15-0206072		
Date Assigned:	10/22/2015	Date of Injury:	06/25/2003
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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 63 year old male, who sustained an industrial injury on 6-25-2003. The injured worker is undergoing treatment for: pain to the neck, shoulders, hands and back. On 10-8-15, he reported walking his dogs more often up to 1-2 miles. He stated that Tramadol could be discontinued and he wished to reduce his dose of Norco. He reported having continued pain to the neck, upper back, and shoulders. He indicated his wrists, hands and legs were doing well. He indicated having increased neck pain with activity such as driving and prolonged sitting. The provider noted he had benefitted in the past with Norco for elevated pain episodes. Physical examination revealed a head forward posture, increased stiffness and tenderness with cervical range of motion, decreased cervical spine range of motion, positive spurling maneuver, tenderness in the thoracic spine, decreased thoracic spine range of motion, abnormal toe walking, and normal gait. The bilateral shoulders revealed tenderness and decreased range of motion on the left, carpal tunnel release scars are noted on both wrists. There is no discussion of pain reduction with the use of Norco. The treatment and diagnostic testing to date has included: urine drug screen (10-8-15) within normal limits, gym program, home exercising, medications, MRI of the cervical spine (9-11-03), electrodiagnostic studies (9-22-05). Medications have included: Norco, advil, and tramadol. The records indicate he has been utilizing opioid medications since at least May 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Norco 10-325mg quantity 30. The UR dated 10-16-2015: Non-certified the request for Norco 10-325mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 (release 10/8/15): 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 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 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 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. 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 10/8/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.