

Case Number:	CM15-0207129		
Date Assigned:	10/23/2015	Date of Injury:	05/17/2012
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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 36 year old female who sustained an industrial injury on 05-17-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc protrusion and low back pain. According to the treating physician's progress report on 09-24-2015, the injured worker continues to experience low back pain that is unchanged and rated at 8 out of 10 without medications down to 4 out of 10 on the pain scale with medications. The injured worker reported pain medications provide temporary relief and causes constipation. Examination demonstrated range of motion decreased about 25% in all planes with pain on palpation at L4-L5-S1 and L5-S1. Prior treatments were not discussed in the progress note dated 09-24-2015. Current medications were listed as Norco 10mg-325mg (since at least 12-2014) and Ultram. A urine drug screening was performed on 03-02-2015, which was negative for Norco and explained that the medication was delayed. Another urine drug screening was repeated 04-23-2015 and not included in the review. The injured worker has not worked since the injury in 2012. Treatment plan consists of Mobic trial and the current request for Norco 10mg-325mg #120. On 09-25-2015, the Utilization Review determined the request for Norco 10mg-325mg #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 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. Per progress report dated 9/24/15, the injured worker reported pain rated 8/10 without medications, and 4/10 with medications. 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 4/27/15 was negative for prescribed Norco. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.