

Case Number:	CM15-0207305		
Date Assigned:	10/26/2015	Date of Injury:	11/30/2009
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
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 78 year old female, who sustained an industrial injury on 11-30-2009. A review of the medical records indicates that the worker is undergoing treatment for cervical discogenic disease, cervical facet disease, lumbar discogenic disease, bilateral carpal tunnel syndrome, cervical herniated nucleus pulposus and lumbar spondylolisthesis and degenerative disc disease. Treatment has included Norco (since at least 02-06-2015), Voltaren and transcutaneous electrical nerve stimulator (TENS) unit. Subjective complaints (03-25-2015, 05-20-2015 and 08-11-2015) included severe neck pain that was rated as 10 out of 10 without medications and 6 out of 10 with medications. With medications she was able to walk and go to the library. There was no documentation of average pain ratings or the duration of pain relief with the use of Norco. Objective findings (03-25-2015, 05-20-2015 and 08-11-2015) included painful and decreased range of motion of the neck, positive facet tenderness, pain radiating down the left forearm, positive Tinel's and Phalen's signs of the bilateral wrists and hands, spasm of the lumbar spine, painful and limited range of motion of the lumbar spine, pain bilaterally at L4-S1 with decreased sensation, positive bilateral Lasegue's test, positive straight leg raise at 45 degrees bilaterally and tenderness to palpation over the lumbar musculature. Norco refills were noted as being prescribed. A utilization review dated 09-29-2015 non-certified a request for Norco 10-325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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, 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 the medical records, it was noted that pain was rated 10/10 without medications and 6/10 with medications. With medications the injured worker is able to walk and go to the library. She is more active. However, 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. Absent documentation assuring safe usage, medical necessity cannot be affirmed. The request is not medically necessary.