MAXIMUS Federal Services

Case Number:	CM15-0207444		
Date Assigned:	10/26/2015	Date of Injury:	11/01/2002
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
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 55 year old male, who sustained an industrial injury on 11-2-02. The injured worker was diagnosed as having fractured femur-tibia, lateral and medial ankle - left; chronic pain due to trauma; chronic muscle spasms; insomnia due to medical condition; ankle fusion; pain in joint involving lower leg. Treatment to date has included status post ankle reconstruction - left (2002); left knee arthroscopic surgery (2004); status post left tibial plateau compression fracture repair surgery (2005-2006); status post hardware removal tibial repair (2014); medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker has had multiple surgical interventions for the left ankle and left knee. The provider notes that Norco is taken as needed as per our instructions and is taken around periods of greatest activity. It gives him well over 50% pain relief for several hours and it allows him to do things like exercise, walk further than he would otherwise and he has resumed bowling and working out. The provider continues noting "The symptoms are reported as being mild and occur daily. The locations are left knee and left ankle. Aggravating factors include ascending stairs, bending, daily activities, descending stairs, jumping, lifting, running, standing, twisting, walking. Relieving factors include lying down, massage, pain medications, rest, sitting, other reclining. The patient reports pain without medications at 7 out of 10; with medications 3 out of 10." The provider is requesting a refill authorization for Norco. PR-2 notes dated 9-22-15, 8-21-15 as far back as 3- 23-15 indicate the injured worker has been prescribed and taking Norco 10-325mg daily. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-6-

15 and non-certification for Norco tab 10-325mg #120. A request for authorization has been received for Norco tab 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain, criteria for use.

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. Per progress report dated 3/23/15, it was noted that norco provided 50% pain relief for several hours and allowed the injured worker to do things like exercise, walk further than he would otherwise, and resume bowling and working out. However, there is no recent documentation. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it is noted that CURES, UDS, and other testing are consistent; and that opiate agreement is up to date. However, there are no UDS reports available for review. Absent documentation assuring safe usage, medical necessity cannot be confirmed. The request is not medically necessary.