MAXIMUS Federal Services

Case Number:	CM15-0216251		
Date Assigned:	11/06/2015	Date of Injury:	01/10/2007
Decision Date:	12/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/03/2015

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 43 year old male, who sustained an industrial injury on 01-10-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, post-laminectomy syndrome, lumbar degenerative disc disease, lower extremity radiculopathy bilaterally, cervical disc herniation with bilateral upper extremity radiculopathy, high blood pressure, anxiety and depression. Medical records (06-09-2015 to 08-05-2015) indicate ongoing low back pain, and neck pain with cervicogenic headaches and pain radiating in to both upper extremities. Pain levels were 4 out of 10 on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-05-2015, revealed a flat affect, stiff antalgic gait with use of a cane, tenderness to palpation over the lumbar musculature bilaterally with increased muscle tone, numerous palpable and tender trigger points throughout the lumbar paraspinal muscles, decreased range of motion in the lumbar spine with muscle guarding, and decreased reflexes and motor strength in the bilateral lower extremities. Relevant treatments have included: multiple lumbar surgeries, physical therapy (PT), intrathecal pain pump placement (05-2015) with excellent pain relief, work restrictions, and medications (Norco for several months). The treating physician indicates that the IW has been decreasing the amount of Norco from 4 per day to 1 per day and indicates that he is feeling better and less drowsy. The request for authorization (08-05-2015) shows that the following medication was requested: Norco 10-325mg #30. The original utilization review (09-29-2015) partially approved the request for Norco 10-325mg #30 which was modified to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 30: 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 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. Furthermore, 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. 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.