MAXIMUS Federal Services

Case Number:	CM15-0048579		
Date Assigned:	03/20/2015	Date of Injury:	06/29/2006
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 48 year old female, who sustained a work/industrial injury on 6/29/06. She has reported initial symptoms of back pain. The injured worker was diagnosed as having lumbago. Treatments to date included medication, therapy, surgery (lumbar fusion L4-5 2006 and re-do decompression at L4-5 and L5-S1, posteriolateral fusion L4-5 and pedicle screw with bars), diagnostics, Electromyogram/nerve conduction velocity (EMG/NCV) revealed evidence of mild chronic L5 radiculopathy on the left. Computed Tomography (CT) of the lumbar spine of 6/10/14 revealed posterior fusion L4-5, with 2-3 mm anterior subluxation of L4 with respect to L5 is noted, and bilateral degenerative facet hypertrophy at L3-4, L4-5, and L5-S1. Currently, the injured worker complains of left leg pain and paresthesia. There was tenderness with palpation over the paraspinal muscles and sacroiliac joint. The straight leg raise (SLR) was positive bilaterally with decreased sensation to light touch in the lower extremities. There was weakness in the lower extremities with hip flexion, knee extension, and dorsiflexion. Medications included Zanaflex, Tramadol, Norco, and Gabapentin. Treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tablet twice a day as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

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." Of the most recent progress note to prescribed Norco, dated January 20, 2015, reveals little documentation to support the medical necessity of this medication and absent 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, 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. The California MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore the request is not medically necessary.