MAXIMUS Federal Services

Case Number:	CM14-0144510		
Date Assigned:	09/12/2014	Date of Injury:	12/27/2002
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male was involved in a motor vehicle accident on 12-27-2002 or by injured his back neck and left shoulder. His diagnoses over the years have include a cervical strain/sprain with radiculopathy, lumbar strain/sprain with radiculopathy, left rotator cuff tear in and judgment, and blindness. His recent physical exams have revealed diffuse musculoskeletal tenderness cervical lumbar and thoracic spine regions with diminished range of motion of the cervical and lumbar spine. The injured worker continues to complain of daily headaches and lower back pain radiating into the lower extremities. A physician previously has expressed great concern about prescribing opioids for this injured worker because of his history of incarceration for drug abuse and the inability to tell the examiner what medication he was on. Urine drug screen was negative for prescribed hydrocodone on 5-12-2014. There is no documentation provided that those results were verified with another test. Recent notes reflect that the injured worker obtains 80% pain relief when he takes six tablets of Norco daily but nothing can be found to substantiate a meaningful functional improvement as a result of the opioid medication.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Urine Drug Testing

Decision rationale: 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 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.Urine drug screening is considered important to monitor for aberrant drug taking behaviors. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills.The guidelines also suggest that opioid weaning should occur under direct ongoing medical supervision if there is no overall improvement in function, unless there are extenuating circumstances. The patient should not be abandoned. In this instance, review the record reflects that the injured worker is at high risk for aberrant drug behavior given his legal trouble with regard to drugs and his negative urine drug screen for hydrocodone. Additionally, seems to be no substantive increase in the injured worker's functionality as a consequence of the opioids. Therefore, Norco 10/325mg #180 is not medically necessary.