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| Case Number: | CM14-0081890 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/08/2002 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old male who reported an injury on 05/08/2002. The mechanism of injury was noted to be lifting furniture. Prior treatments were noted to be acupuncture, physical therapy, chiropractic care, epidural steroid injections, and medications. Diagnostic testing included MRI of the lumbar spine and x-rays of the lumbar spine. Diagnoses were noted to be lumbosacral sprain/strain injury, lumbosacral disc injury, and lumbosacral radiculopathy. A clinical evaluation noted subjective complaints of stiffness and soreness in his lower back with pain radiating down his bilateral lower extremities. He noted the pain was aggravated with prolonged sitting, standing, walking, or being in any position for a prolonged period of time. He reported his pain a 7/10 - 8/10 on VAS (visual analog scale for pain) pain scale with medication. Objective findings included no edema or tenderness in the lower extremities. Muscle tone was without atrophy in the bilateral lower extremities. Musculoskeletal strength was 5/5 throughout the bilateral lower extremities. Straight leg raise test was negative in bilateral lower extremities. The treatment plan is to continue Norco and tramadol and have a urine drug screen. The rationale for the request was noted within the clinical evaluation on 07/21/2014. The Request for Authorization Form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These includes 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 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review fails to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Due to lack of an adequate pain assessment for a chronic use opioid user, the request for Norco 7.5/325mg #60 is not medically necessary and appropriate.