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| Case Number: | CM14-0217756 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 10/11/2012 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53-year-old male with an original industrial injury on 10/11/2012. The covered body regions as part of the industrial claim include the neck, low back, and left upper extremity. The current medication regimen includes Norco, Flexeril, and Lidoderm. The patient has had other conservative therapy with activity restriction and epidural steroid injections. The disputed request is for continuation of the Norco. A utilization review determination had noncertified this request. The rationale for this denial was that there was no documentation of overall functional improvement, and opioid therapies are not felt to be appropriate long term for non-terminal pain. Therefore weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. In a progress note from 10/10/2014 there is documentation of reduction of pain and improvement in ADLs. No aberrant behaviors are noted. Urine toxicology testing on 11/7/14 is consistent with prescribed medications. No side effects are noted. Therefore, this request is medically appropriate.