MAXIMUS Federal Services

Case Number:	CM15-0008554		
Date Assigned:	01/26/2015	Date of Injury:	07/31/2003
Decision Date:	06/01/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/15/2015

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
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 63 year old male with an industrial injury dated 07/31/2013. He presented 12/02/2014 for ongoing neck pain. Prior treatments include surgery, medication, pain management and diagnostics. At the time of the 12/02/2014 visit he rated his pain as 7. The industrial diagnoses are post-laminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy, backache unspecified, chronic pain syndrome and long term (current) drug use. On 12/20/2014 utilization review modified the initial request for Norco 10/325 # 240 to Norco 10/325 # 180. The guidelines which were cited were the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Acetaminophen) 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

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. Pain relief and functional benefit was documented. In terms of side effects, there are no intolerable effects that would warrant discontinuation. There were measures taken to monitor for possible aberrant drug-related behavior. A progress note on 11/25/2014 indicates that the patient has previous SOAPP screen. There is documentation of urine drug screen (UDS) performed previously. However, the issue in this case is a matter of dose escalation. The patient was known to be on Norco quantity 150 for multiple months prior to the December 2014 increase to #240. The notes from 8/29/14, 9/16/14, 10/28/14 all demonstrated stable pain control. Given that this a rapid dose escalation and the provider will not see the patient back from another 2 months, this is inappropriate. Based on this documentation, the request is not medically necessary.