MAXIMUS Federal Services

Case Number:	CM15-0011041		
Date Assigned:	01/28/2015	Date of Injury:	02/16/2010
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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:

This 53 year old female sustained a work related injury on 02/16/2010. The injury occurred when she was walking out of the building of her job and stepped on a wet mat with high heels causing her to slip and do the splits twisting her neck and lower back. When she fell forward, she struck her right wrist against the cement wall preventing a fall to the ground. According to a progress report dated 12/17/2014, the injured worker reported severe pain in the neck radiating into her arms, right side much more than left. She had a feeling of weakness both in her arms as well as her legs. She had shooting pain down her spine when she leaned her head back. She described a feeling of weakness to grip as well as to her arm on the right side with even minor lifting of things. She was taking Norco and Soma for this. Physical examination revealed restricted range of movement with tenderness at C5-6, positive Spurling sign both right and left, 4+/5 strength in the right deltoid, 4/5 strength in the right biceps, triceps and wrist extensors, numbness and tingling into the thumb, index and long fingers on the right hand and positive Hoffman sign on the right and negative on the left. Diagnoses included C5-6 herniated nucleus pulposus, cord impingement, myelopathy and progressive disk herniation collapse adjacent to a fusion. Recommendations included use of an artificial disk replacement at C5-6 after the anterior cord decompression to preserve range of motion of the neck and to avoid a rapidly deteriorating adjacent segment problem at the C6-7. The injured worker was temporary totally disabled. Progress reports submitted for review noted the use of Norco consistently since March 2014. On 12/31/2014, Utilization Review non-certified Norco 10/325mg quantity 90. According to the Utilization Review physician, there was no subjective and objective findings documented in the

clinical reports submitted with the request. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 76-78, 91. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 91.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 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. Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any 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, appropriate medication use, 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary.