

Case Number:	CM15-0013454		
Date Assigned:	02/02/2015	Date of Injury:	05/17/1996
Decision Date:	03/30/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/23/2015

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:

The injured worker is a 59 year old female, who sustained a work related injury on 5/17/96. The diagnoses have included cervical radiculopathy, complex regional pain syndrome, and chronic pain. Treatments to date have included cervical epidural steroid injection, trigger point injections, Toradol injection, acupuncture treatments, and MRI cervical spine. In the PR-2 dated 12/5/14, the injured worker complains of neck pain with pain that radiates down both arms. She complains of headaches and muscle spasms in neck muscles. She states pain is made worse with activity. She states there is tenderness to palpation of neck muscles. She has decreased range of motion in neck. She rates the pain a 10/10 with and without medications. On 1/1/15, Utilization Review modified a prescription for Norco 10/325mg., #120 to Norco 10/325mg., #9. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/1/15, Utilization Review non-certified prescription requests for Motrin 800mg., #60 and Norco 10/325mg., #120. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 nonadherent) drug related behaviors. These domains have been summarized as the 4 As (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 no 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There was no documentation addressing urine drug screens. It was noted that CURES report was reviewed 12/3/14 with the patient and was consistent. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.