

Case Number:	CM15-0014687		
Date Assigned:	02/02/2015	Date of Injury:	05/25/2010
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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 50- year old female, who sustained an industrial injury on May 25, 2010. The diagnoses have included chronic pain due to trauma, medial epicondylitis, shoulder pain, low back pain, lumbar radiculopathy, sciatica, anxiety, and neuropathic pain. Treatment to date has included pain medication, physical therapy with a home exercise program, heat/ice therapy, and routine follow up. Currently, the IW complains of chronic low back pain. Pain was rated a seven to eight on a scale of ten. Accompanying symptoms included a popping and clicking sensation when standing or walking. Ambulation was documented to worsen pain and pain was improved with medications. Physical exam documented tenderness to palpation in the bilateral elbows, bilateral diaphoresis of both hands, wrist flexion and extension with pain bilaterally and tenderness to palpation over bilateral L3-S1 paraspinous area. On January 15, 2015, the Utilization Review decision non-certified a request for one prescription of Norco 10/325mg, 120 count, noting the opioids are indicated for pain relief and continuation of medication should be supported by improvements in functional status. The documentation failed to support reduction of pain, increased activity or return to work. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg, 120 count.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
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 not adequately document monitoring of the four domains. Pain reduction of 50% was noted in a progress report dated 11/18/14. There was also improvement in function was clearly outlined in terms better performance of ADLs.. There was a urine drug screen conducted on 5/6/14 which stated the result "inconsistent" with regard to pregabalin. The provider did not clarify this result and the progress note on 11/18/14 merely stated that this was a consistent result. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP. Based on the lack of documentation, this request is not medical necessity.