MAXIMUS Federal Services

Case Number:	CM15-0018995		
Date Assigned:	02/06/2015	Date of Injury:	03/04/2002
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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 50-year-old male patient, who sustained an industrial injury on 03/04/2002. A primary treating office visit dated 12/10/2014 reported subjective complaint of the pain has persisted and he feels that it may be getting worse. The medications have been helpful. He did undergo a L5-S1 anterior lumbar fusion with decompression, surgery on 03/20/2014. He has completed the physical therapy course. He did have a prior injection and felt it helped significantly and he wants another. He is noted with improved range of motion. Objective findings showed normal reflex, sensory and power testing to bilateral upper extremities. Normal gait. He can heel-toe and toe-walk bilaterally. There is noted minimal tenderness to palpation over the cervical and lumbar regions with spasm noted. He is diagnosed with status post lumbar fusion, cervical strain, lumbar strain. A request was made for Norco 10/325MG. On 12/31/2014 Utilization review non-certified the request, noting the CA MTUS, Chronic Pain, Norco was cited. The injured worker submitted an application on 02/02/2015 for an independent medical review or services.

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 Hydrocodone/Acetaminophen (Norco), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

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 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 no documentation to support the medical necessity of Norco 10/325 mg nor any documentation addressing the '4A'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 specific to the usage of Norco. 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. Additionally, the appeal letter dated January 12, 2015 summarizes guidelines pertaining to Worker's Compensation law, the California MTUS, Official Disability Guidelines, and the AC OEM guidelines but fails to apply them to this particular patient and the usage of Norco in question. Overall, as the California MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.