

Case Number:	CM15-0118874		
Date Assigned:	06/29/2015	Date of Injury:	01/05/2002
Decision Date:	07/29/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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 68 year old female who sustained an industrial injury on 1/5/02. She had complaints of left side back, hip and gluteal pain and was diagnosed with lumbosacral spine sprain/stain injury. Treatments to date include medication, chiropractic care, physical therapy, SI belt to stabilize SI joint, trigger point injections and myofascial release therapy. Progress note dated 4/7/15 reports flare of up of severe neck pain, headache and cramping of right shoulder blade. The pain is rated 4/10 with pain medication and 8/10 without medication. Diagnoses include neck pain, cervical sprain/stain with severe underlying spondylosis with cervicogenic headaches and lumbar degenerative joint disease. Treatment plan includes: performed intermittent traction of her neck, reviewed exercises, refill Norco 7.5/325 mg, one 4 times per day as needed for severe pain, tramadol, topamax, and zanaflex. Urine drug screens have been appropriate. Follow up in 4-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-80.

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 non-adherent) 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. Improvement in function and pain reduction were noted in a progress note dated 4/29/15 and 5/27/15. Although the patient is not working, functional improvement can be interpreted as an improvement in ability to perform activities of daily living, in which 50% improvement was noted. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent per the 5/27/15. It would be ideal to include the results of such testing. Nonetheless, this request is medically necessary.