

Case Number:	CM15-0122453		
Date Assigned:	07/06/2015	Date of Injury:	07/12/2001
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 54 year old male, who sustained an industrial injury on 7/12/2001. The mechanism of injury is injury from a motor vehicle collision. The current diagnoses are L4-L5 mild 2.8 millimeter central posterior disc bulge, L5-S1 moderate broad-based posterior disc measuring 5.1 millimeter beyond the adjacent posterior vertebral bodies, right shoulder impingement syndrome, status post arthroscopy x2, compression fracture of T11-12 with residuals, and cervicogenic headaches with migraine-type presentation. According to the progress report dated 4/22/2015, the injured worker complains of low back pain with significant spasmodic-type events over his lumbar spine during normal work duties. The pain is rated 9/10 on a subjective pain scale. Since last assessment, his pain has worsened. Per the progress notes on March 19, 2015, his pain was rated 8/10. The physical examination of the lumbar spine reveals moderate tenderness to palpation over the spinous processes of L4-L5 as well as over the corresponding paraspinous musculature, restricted range of motion, and spasmodic-type features of the paraspinous musculature. The current medications are Norco and Skelaxin. There is documentation of ongoing treatment with Norco since at least 1/22/2015. Treatment to date has included medication management and MRI studies. The injured worker currently works full duty from at least 1/22/2015. A request for Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). In addition, the records indicate worsening pain as evident by increased pain levels from 5/10 in February 2015 to 9/10 in April 2015. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.