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| Case Number: | CM15-0126919 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 03/10/2000 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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 58-year-old male who sustained an industrial injury on 03/10/2000. The injured worker was diagnosed with lumbago, lumbar myofascial pain, and neuropathic pain, gait dysfunction with foot drop, opioid dependence, sleep disturbance and anxiety. The injured worker has a medical history of diabetes mellitus, hypertension and obesity. There were no surgical interventions documented in the medical records. Treatment to date has included diagnostic testing, physical therapy, chiropractic therapy, walker and cane for ambulation and medications. According to the primary treating physician's progress report on June 4, 2015, the injured worker continues to experience low back, sacroiliac joint and lower extremity pain and numbness. The injured worker rates his pain level at 3-4/10 with medications. Issues relevant to medications include forgetfulness and dizziness. Lumbar evaluation was limited due to body habitus with lumbar range of motion decreased in all planes. There was weakness of the left lower extremity due to foot drop. Motor strength was 5/5 of the bilateral lower extremities except at the left anterior tibialis peroneus, extensor hallucis longus muscle and gastrocnemius, which was documented at 3-4/8. There were no Hoffmann's or palmomental reflexes in the upper extremities. There was negative ankle clonus and Babinski of the lower extremities. The injured worker ambulates with an antalgic gait using a cane in the left hand. Current medications are listed as Morphine Sulfate ER 15mg, Morphine Sulfate ER 30mg, Norco 10/325mg, Diazepam, Hydroxyzine, Amitriptyline and Voltaren Gel. Treatment plan consists of continuing with medication regimen, follow-up regarding blood pressure, lipid profiles, diabetes mellitus and weight reduction program and the current request for two prescriptions of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) prescriptions of Norco 10/325mg #90: 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): 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 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 neither 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. 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. As MTUS recommends discontinuing opioids if there is no overall improvement in function, which is not medically necessary.