

Case Number:	CM15-0171902		
Date Assigned:	09/14/2015	Date of Injury:	02/11/2007
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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 female who sustained an industrial injury on 2-11-07 when she lifted a large dish feeling lower back pain radiating down the legs. Diagnoses include lumbago; lumbar radiculopathy; post laminectomy syndrome. She currently (7-22-15) complains of pain with a pain level of 7 out of 10. She is currently on Norco. She has been on numerous pain medications per 8-7-13 note and Norco since at least 8-7-13 and at that time her pain level was 5 out of 10 and she had constant, sharp low back pain radiating down the right leg with tingling, numbness and weakness. She is on permanent and stationary work restrictions. On physical exam she was able to heel-to-toe and toe-to-heel walk. Examination of the head and neck were normal. There was tenderness in the lumbosacral region, range of motion was limited in the bilateral rotation, sensation was decreased to light touch in the right L5-S1 and right L4-5 distribution, positive straight leg raise in the right lower extremity. Diagnostics include electromyography with positive results; MRI with positive results per 7-22-15 note. Treatments to date include medications: (past) Motrin, Lyrica, tramadol (present) Ativan , Norco, Lyrica she failed her last drug screen per the 7-22-15 note as she is taking tramadol as she still has pain but was told not to take it, she had an old prescription; physical therapy without benefit; acupuncture without benefit; back surgery; caudal epidural injections without benefit; psychological evaluation and was cleared for spinal cord stimulator trial and she had a spinal cord stimulator in 3-2015 with good relief. In the progress note dated 7-22-15 the treating provider's plan of care included a request for Norco. Use of Norco use has been documented since 8-7-13 progress note. The request for authorization dated 7-22-15 indicated Norco 10-325mg #30. On 8-28-15 utilization review evaluated and non-certified the request for Norco 10-325mg #30 based on aberrant behavior and lack of meaningful improvement in function despite chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing 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. Per progress report dated 7/22/15 it was noted that the injured worker had failed drug test. She was taking tramadol from an old prescription. As MTUS recommends to discontinue opioids if there is no overall improvement in function, and in consideration of aberrant behavior, medical necessity cannot be affirmed. The request is not medically necessary.