

Case Number:	CM15-0171954		
Date Assigned:	09/14/2015	Date of Injury:	04/04/2010
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
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:

This is a 49 year old male with a date of injury of April 4, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy with discogenic disease, bilateral knee chronic pain with patellofemoral arthrosis, post injury depression, post injury substance dependency, and cervical radiculitis with temporomandibular joint dysfunction with associated headaches. Medical records dated July 30, 2015 indicate that the injured worker complains of "neck, back, and lower extremity symptoms that are relatively unchanged". A progress note dated June 25, 2015 notes subjective complaints of neck and low back discomfort with some knee pain. Per the treating physician (July 30, 2015), the employee was restricted to desk-type work with the capacity to stand at will. The physical exam dated July 30, 2015 reveals modest paralumbar tenderness greater on the right with hypertonia in the paraspinal muscles, tenderness extending into the sciatic notch, positive straight leg raise on the right at 15 degrees, tenderness in the paracervical region with muscle guarding, and considerable medial and lateral joint line tenderness. The progress note dated June 25, 2015 documented a physical examination that showed findings similar to those documented for July 30, 2015. Treatment has included sacroiliac joint injections that offered greater than 50% pain relief, and medications (Norco 10-325mg, Ultram ER 150mg, Voltaren XR 100mg, and Protonix 20mg since at least February of 2015 Percocet 10-325mg since at least February of 2015). The original utilization review (September 21, 2015) non-certified a request for Norco 10-325mg #30.

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. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

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 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 nonadherent) 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 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 to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.