

Case Number:	CM15-0173850		
Date Assigned:	09/15/2015	Date of Injury:	01/30/2012
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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 42 year old female, who sustained an industrial-work injury on 1-30-12. She reported initial complaints of lumbar spine pain. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date has included medication, surgery (lumbar surgery x 2 with fusion, status post anterior L5-S1 interbody fusion with implantable PEEK cage on 1-2-15, status post lumbar surgery on 5-29-13, physical therapy, and diagnostics. CT scan reports were reported on 6-18-15 that demonstrated evidence of interbody fusion at L5-S1 in good alignment and central canal and neural foramina are not compromised. Currently, the injured worker complains of improved back pain but still has some right leg pain (eight months post-op). Per the primary physician's progress report (PR-2) on 8-10-15, exam notes slightly tender abdominal incision without swelling or deformity, tip toe and heel walking required assistance, forward and backward lumbar flexion were 45 degrees and 20 degrees, nerve stretch tests were negative, deep tendon reflexes at the knees and ankle deep tendon reflex was 1+ on the right and 2+ on the left. Current plan of care includes arrange a different physical therapy unit and continue chronic pain management. The Request for Authorization date was 8-18-15 and requested service included Norco 10-325mg #180. The Utilization Review on 8-25-15 was modified to Norco 10-325 mg #90 due to lack of documentation of the four A's, pain contract, functional improvement, prior recommendations for reduction of amount, and weaning, using CA MTUS (California Medical Treatment Utilization Schedule) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 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 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/2015 was available for review and was positive for hydrocodone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.