MAXIMUS Federal Services

Case Number:	CM15-0175528		
Date Assigned:	09/16/2015	Date of Injury:	11/07/1998
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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 57 year old male with an industrial injury dated 11-07-1998. The injured worker's diagnoses include lumbago, sciatica, and lumbar, thoracic radiculitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-23-2015, the injured worker reported ongoing lower back pain that extends to the right leg in the S1. The injured worker rated pain a 7 out of 10 with medications and a 10 out of 10 without medications. The injured worker's current prescribed medications included Celebrex, Methadone, Nexium and Norco. Medical records indicate that the injured worker has been on Norco since at least 01-27-2015. The treating physician noted the injured worker was stable on current medication schedule with no side effects or aberrant behaviors. The injured worker reported difficulty with some activities of daily living. Objective findings (1-27-2015 to 7-23-2015) revealed tenderness of the lumbar spine and lumbar facet joints, decreased lumbar range of motion and positive straight leg raises on the right. Urine drug screens on 3-24-2015 and 06-23-2015 were both positive for opiate. The treating physician prescribed Norco 10-325mg #180 now under review. Utilization Review determination on 08-11-2015 partially approved the request for Norco 10-325mg #90 (original #180).

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 insufficient documentation to support the medical necessity of norco nor sufficient 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. It was noted per progress report dated 7/23/15 that the injured worker rated pain without medication 10/10 and 7/10 with medication. He was unable to do things such as cooking, laundry, gardening, shopping or driving even with the use of medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS collected 3/24/15 and 6/23/15 were positive for opiates, however, reports were not available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.