

Case Number:	CM15-0179435		
Date Assigned:	09/21/2015	Date of Injury:	08/14/2013
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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 28 year old male who sustained an industrial injury on 8-14-13 when a patio collapsed falling on him and rendering him unconscious resulting in head and back trauma. Diagnoses include temporomandibular joint disorder; migraine and tension headaches; closed head injury with a history of intracranial bleeding; depression; chronic pain; lumbago; status post coccyx fracture. He currently (8-26-15) complains of ongoing generalized headaches. He has sleep difficulties. On 6-22-15 he complained of constant headaches with a pain level of 7 out of 10; constant low back and coccyx pain with a pain level of 6 out of 10; occasional right knee pain with a pain level of 2 out of 10; rare bilateral hip pain with increased activities. Norco provides functional improvement per 6-22-15 note. On physical exam of the lumbar spine there was tenderness to palpation, palpable bilateral muscle spasms and decreased range of motion; right hip range of motion was decreased; right knee revealed tenderness along the lateral joint. His pain level on 3-19-15 was consistent with the 6-22-15 level. Per the 3-19-15 note the injured worker has difficulty chewing food, he grinds and bruxes his teeth throughout the day and night, has difficulty concentrating and sleeping. Treatments to date include psychological evaluation; medications: Seroquel, Maxalt, Norco. On 8-12-15, a drug screen was consistent for prescribed medications and an unexpected result for ethyl sulfate. On 3-19-15, the drug screen was inconsistent with hydrocodone. He has been on Norco since at least 2-17-15. In the progress note dated 6-22-15 the treating provider's plan of care included Norco 10-325mg #60 for moderate to severe pain. The request for authorization dated 8-20-15 indicated Norco 10-325mg #60. On 8-27-15 utilization review evaluated and non-certified the request for Norco 10-325mg #60 based on the partial completion of guideline recommendations (4 A's), the medication was modified on 7-13-15 for the weaning process, the last urine drug screen was negative for opioids when the injured worker was supposed to be on an oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10.325mg #60: 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 insufficient 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. Per progress report dated 6/22/15, it was noted that the injured worker was taking norco and that he reported that it provided functional improvement. No objective measures of functional improvement were documented. 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 8/17/15 was positive for hydrocodone and ethyl sulfate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, UDS was inappropriate.