

Case Number:	CM15-0179501		
Date Assigned:	09/21/2015	Date of Injury:	09/22/2011
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
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 50 year old male, who sustained an industrial injury on 9-22-11. Medical record indicated the injured worker is undergoing treatment for right ankle chronic pain secondary to traumatic fracture status post-surgical fixation, lumbar radiculopathy and lumbago. Treatment to date has included right ankle surgery (10-11), oral medications including Norco 10-325mg (since at least 3-10-15), Naprosyn 550mg and Gabapentin 300mg and activity modifications. On 6-30-15, the injured worker complained of continued, constant right ankle pain and low back pain and on 7-18-15, the injured worker complains of low back pain and right ankle pain and notes for a few weeks his low back pain has been worse with electric shock like symptoms to his right lower extremity traveling down to his right ankle. He is currently not working. Physical exam on 6-30-15 and on 7-28-15 noted tenderness to medial side of the ankle joint with diminished range of motion of right ankle joint and tenderness to touch over the right lumbosacral area. The treatment plan included request for authorization for (MRI) magnetic resonance imaging of lumbar spine; and prescriptions for Norco 10-325mg #75, Naprosyn 550mg #30 and Gabapentin 300mg #30. On 8-14-15, utilization review non-certified a request for Norco 10-325mg #75, noting there is no documentation of up to date urine drug screen, of objective functional improvements or of any plan to discontinue the use of schedule II narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: 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 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 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. The most recent UDS reports submitted for review were from 2013. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.