MAXIMUS Federal Services

| Case Number: | CM15-0062962 | | |
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| Date Assigned: | 04/08/2015 | Date of Injury: | 02/28/2002 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

## 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 66 year old female, who sustained an industrial injury on February 28, 2002. The injured worker had reported injuries to multiple areas including the head, neck and back related to a fall. The diagnoses have included cervicalgia, cervical radiculopathy, failed neck surgery syndrome, lumbago, lumbar disc protrusion, headaches, depression and insomnia. Treatment to date has included medications, electrodiagnostic studies, radiological studies, a home exercise program, cortisone injections, physical therapy, chiropractic care, psychology evaluation, trigger point injections and neck surgery. Current documentation dated February 23, 2015 notes that the injured worker reported headaches and neck and low back pain. Examination revealed tenderness to palpation over the cervical paraspinal muscles, upper trapezius muscle, scapular border, lumbar paraspinal muscles, sacroiliac joint region, trochanteric bursa and knees. A straight leg raise, Patrick's facet loading and Spurling's tests were all noted to be positive. Strength testing revealed weakness in the right upper extremity and bilateral lower extremities. The treating physician's plan of care included a request for Norco 10/325 mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**45 TABLETS OF NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS was performed 9/24/14 and was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.