MAXIMUS Federal Services

Case Number:	CM15-0064710		
Date Assigned:	04/10/2015	Date of Injury:	11/12/2001
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 68 year old female who sustained an industrial injury on 11/12/01 injuring her spine but worked through the pain. In 2002 she injured her right knee when she fell at an escalator. In 2011 she noticed increased right ankle swelling and throbbing right knee pain. She had x-rays, MRI right knee and surgery (9/5/14). Activities of daily living are limited regarding stair climbing. Her pain level ranges from 0-8/10. She currently complains of neck pain and decreasing bilateral shoulder pain and headache. Medications are Soma, Cymbalta, Trazadone, butalbital-acetaminophen, Neurontin, Imitrex, and Norco. Diagnoses include status post cervical fusion (7/2002, 6/2004); cervical radiculitis; right knee pain; chronic myofascial pain; status post right knee arthroscopy (9/5/14). Treatments to date include medications; home exercise program; ice; trigger point injection in the neck with 60% decrease in pain and increased function; transcutaneous electrical nerve stimulator unit. In the progress note dated 3/13/15 the treating provider's plan of care requests refill on medications (specifically Norco) as medication increases function and decreases pain allowing the injured worker to walk, stand, sit and perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO TAB 10-325MG #150 ONE TABLET EVERY 4-6 HOURS PM, WITH NO REFILLS: 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 report dated 11/13/14 was positive for butalbital, hydrocodone, hydromorphone, carisoprodol, meprobamate, and gabapentin. It was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.