

Case Number:	CM15-0066547		
Date Assigned:	04/14/2015	Date of Injury:	09/26/1994
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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 77-year-old male, who sustained an industrial injury on September 26, 1994. The injured worker has been treated for neck and back pain. The diagnoses have included chronic neck pain, cervical radiculopathy, lumbosacral radiculopathy, fibromyalgia/myositis, right hip pain, cervical spinal stenosis and lumbar spinal stenosis. Treatment to date has included medications, radiological studies, physical therapy, neck brace, motorized wheelchair, home exercise program and cervical spine surgery. Current documentation dated March 23, 2015 notes that the injured worker reported neck and back pain. The injured worker was noted to have received physical therapy and was showing improvement. The documentation notes that the injured worker completed physical therapy and his condition had declined. The injured worker reported an exacerbation of pain related to doing a home exercise program. The injured workers current medications include Norco, which is effective for the pain and allows him to function in his essential activities of daily living. Examination of the cervical spine revealed paraspinal tenderness bilaterally. Range of motion was not assessed due to recent surgery. The injured worker was noted to be in mild distress due to pain. The treating physician's plan of care included a request for Norco 10mg /325 mg every four to six hours as needed and Norco 10mg / 325 mg every four hours as needed #330.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325 mg 1 tablet q4-6 h prn and Norco 10mg-325 mg 1 tablet every 4 hours prn #330: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 neither 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. 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 in the records that the PTP had a signed pain agreement on file and that patient compliance was monitored by means of CURES and UDS. No UDS reports were available for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the treatment is not medically necessary.