

Case Number:	CM15-0067460		
Date Assigned:	04/15/2015	Date of Injury:	09/13/1999
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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 53-year-old male who sustained an industrial injury to his lower back on 09/13/1999. The injured worker was diagnosed with chronic intractable pain, L2-3 and L3-4 disc degeneration/stenosis, lumbar radiculopathy, cervical spondylosis and flat back syndrome. The injured worker is status post multiple lumbar spine surgeries, the latest being a L4-L5 and L5-S1 fusion (no date documented). The injured worker has a medical history of hypertension and diabetes mellitus. Treatment to date has included diagnostic testing, surgery, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience neck pain that radiates down the bilateral shoulders, which he rates as a 7/10, and low back pain that radiates to the posterior aspect of the bilateral lower extremities, which is also rated as a 7/10. Examination of the lumbar spine demonstrated tenderness to palpation centrally in the lower lumbar spine with bilaterally decreased sensation over the L5-S1 dermatomes and positive straight leg raise bilaterally. The injured worker has an antalgic gait and uses a single point cane. Current medications are listed as Lidoderm Patch, Norco, Anaprox DS, Lyrica, Viagra and Advil. The injured worker is Permanent and Stationary (P&S). Treatment plan consists of continuing with approved pain management consultation, supplies for transcutaneous electrical nerve stimulation (TEN's) unit and the current request for Norco renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

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 non-adherent) drug related behaviors. These domains have been summarized as the 4A'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 or 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing 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.