

Case Number:	CM15-0071565		
Date Assigned:	04/21/2015	Date of Injury:	08/15/2003
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old female, who sustained an industrial injury on 8/15/03. He reported a neck injury. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included oral medications including opioids, activity restrictions, oral anti-inflammatory medications and physical therapy. Currently, the injured worker complains of severe neck pain and weakness in legs. Physical exam noted global weakness to upper and lower extremities with generalized atrophy in upper and lower extremities with no focal point. The treatment plan included proceeding with plans for a cervical fusion and continuation of oral medications including Ambien, Lyrica, Norco and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. There were urine drug testing done to rule out possible aberrant drug-related behavior. The provider has stated that the patient takes 1 full pill of Norco up to 3 times per day in recent documentation. However, the urine drug screen from March 2015 and November 2014 do not indicate the presence of opiates, and the urine drug test does not sub-speciate the sample into what type of opiate such as hydrocodone. It is not clear if the patient is being compliant, and there should be clarification of this before continuing this medication. Thus, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.