

Case Number:	CM15-0089351		
Date Assigned:	05/13/2015	Date of Injury:	08/21/2009
Decision Date:	10/05/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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 (IW) is a male who sustained an industrial injury on 08-21-2009. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having a disc extrusion, interspace collapse, modic II type endplate changes with foraminal impingement and sciatica left greater than right as well as a L5-S1 grade I retrolisthesis. He is now diagnosed with Status post L5-S1 global arthrodesis (07-28-1014 and 07-302014). Persistent axial low back pain with alternating radicular pain; Small umbilical hernia post anterior approach lumbar fusion; Status post left hip arthroscopy, acetabuloplasty, femoral head osteochondroplasty and labral take down repair (03-17-2014); Mild chronic left worse than right lumbar radiculopathy and left peroneal motor neuropathy confirmed on electromyogram /nerve conduction velocity (EMG/NCV) test (09-15-2013). Treatment to date has included surgery, physical therapy, medications, EMG/NCV, and MRI. Currently, the injured worker complains of residual numbness tingling in the left thigh, itching in the right side of the thoracic area, and pain in his right buttock and left buttock into the thighs and calves when walking. His pain is rated a 7-8 on a scale of 1-10. The pain is 80% in the legs and 20% in the back. He is taking 6 Norco tablets a day. On exam, he has well healed surgical incisions from the anterior and posterior approach of the fusion. His gait is normal. Standing range of motion is 45-60 degrees, straight leg raise is normal bilateral, deep knee bending are normal. Sensory exam shows sensory loss in the left dorsolateral thigh. The plan for treatment is to request authorization for Norco and Gabapentin. The IW is not working. A request for authorization was submitted for. 1. Norco 10/325mg #180. 2. Gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids, criteria for use.

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 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. 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 to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.