MAXIMUS Federal Services

Case Number:	CM15-0093488		
Date Assigned:	06/05/2015	Date of Injury:	08/04/1995
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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 63 year old female, who sustained an industrial injury on 8/4/1995. She reported a heavy object falling and striking her neck. Diagnoses have included neck pain, spasm of muscle, cervical spondylosis, spinal/lumbar degenerative disc disease, lumbar spinal stenosis and low back pain. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 3/18/2015, the injured worker complained of neck pain and lower backache. She rated her pain as 7.5/10 with medications. She rated her pain as 10/10 without medications. Neck pain was rated 1/10 with medications and 2/10 without medications. She reported back pain as 5-6/10 with medications and 9/10 without medications. Quality of sleep was poor. She stated that medications were working well. The injured worker appeared to be anxious and in moderate pain. She had a slow, antalgic, stooped gait, assisted by a walker. Cervical spine range of motion was restricted. Hypertonicity and tenderness were noted on exam of the paravertebral muscles. Exam of the lumbar spine revealed restricted range of motion and tenderness to palpation. Lumbar facet loading was positive on both sides. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

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 nonadherent) 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 adequately document monitoring of the four domains. Improvement in function, pain reduction, and lack of aberrant behaviors were noted in a progress note dated 5/13/2015. The patient did not report any side effects, and periodic urine drug testing was reported to be consistent. The provider has also consulted a CURES report and this was reportedly consistent. There is statement that the narcotic pain medications help with ADLs including ambulating with a walker and getting out of bed. This request is medically appropriate. Although this regimen follows guidelines, consideration should be given to substitute one of the two shorting acting narcotics with a long acting narcotic.