

Case Number:	CM14-0143753		
Date Assigned:	09/12/2014	Date of Injury:	05/22/2002
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who stated injury was 5-22-2002. Apparently she fractured her heeled walking up stairs. Subsequently the pain spread to the left lower extremity and then proximally. She continues to suffer from lower extremity pain and back pain. Her diagnoses include chronic regional pain syndrome, status post spinal cord stimulator, and anxiety. She was started on Suboxone for pain with the dosage gradually increased over the last seven months. Norco has been added for breakthrough pain. The documentation submitted review states that there is moderate paraspinal muscular spasm present with regard to physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet, 1 tab PO every 6 hours #60 for the lumbar spine and left ankle/foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Goodman and Gillman's The Pharmacological Basis of Therapeutics and Physician's Desk Reference, 68th Ed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The above referenced guidelines state that for patients requiring opioid therapy there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. In this case, the documentation does not reflect assessments of current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Additionally, there is little to no documentation the treating physician regarding functionality or changes in functionality with medication usage. Therefore, Norco 10/325mg tablet, 1 tab PO every 6 hours #60 for the lumbar spine and left ankle/foot, is not medically necessary.