MAXIMUS Federal Services

Case Number:	CM14-0067111		
Date Assigned:	09/03/2014	Date of Injury:	06/14/2006
Decision Date:	11/10/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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 49 year old male, who sustained an industrial injury on 6-14-2006. The injured worker is undergoing treatment for: failed lumbar back surgery, lumbar or lumbosacral intervertebral degeneration, facet arthropathy, atrial cardioversion, chronic pain due to trauma, insomnia, muscle spasms, depression, myalgia and myositis, atrial fibrillation, lumbosacral spondylosis without myelopathy, and abnormal coagulation profile. On 11-26-2013, he reported back pain that was "moderate-severe" and radiated into the buttocks down the left leg into the foot. He described the pain as ache, burning, deep, discomforting and sharp. Physical findings are revealed as an antalgic gait, normal lower extremities muscles, low back with spasm, tenderness, and decreased range of motion. Trigger point injection is reported to reduce pain by 90 percent. He rated his pain 10 out of 10 without medications and 6 out of 10 with medications. He indicated he is able to do volunteer work for a few hours per day with medications and without medications he has difficulty performing minimal activities. The treatment and diagnostic testing to date has included: medications, urine drug screen (6-11-13), lumbar surgery (date unclear), AME (date unclear), magnetic resonance imaging of the lumbar spine (date unclear), trigger point injections (approximately October 2013), blood testing (October 2013), heat, ice, and lying down. Medications have included: Diltiazem, Flexeril, Levothyroxine, Metoprolol, Norco, Voltaren gel, Nucynta. The records indicate he has been utilizing Norco and Nucynta since at least June 2013, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Norco 10-325mg quantity 120. The UR dated 4-18-2014: modified certification of Norco 10-325mg quantity 60; Non-certified Fentanyl-meperidine-

hydrocodone and metabolite serum; non-certified ELA 9 with GCMS; non-certified CBC (complete blood count); non-certified UDS (urine drug screen); non-certified GGT gamma-glutamyl transpeptidase (GGT) test; non-certified Chem 19; modified certification for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 nonadherent) 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/13/13 was positive for hydrocodone and ethyl glucuronide. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.