

Case Number:	CM13-0036475		
Date Assigned:	12/13/2013	Date of Injury:	09/27/2004
Decision Date:	08/01/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 43-year-old male who sustained a work related injury on 9/27/2004. The injury occurred when he twisted his ankle and lower back as he was stepping out of a van carrying shutters. Within three weeks of the initial injury, he required a surgical intervention to the right ankle, including debridement. On February 16, 2008, he underwent a fusion at the L5-S1 level benefit. As time has passed, the patient has not experienced much in the way of improvement of his back or ankle pain. He complains of lower back pain with radiation to the right lower extremity. His symptoms increase with activity, bending, twisting, lifting and rising from a seated position. He describes pain located to the right ankle with occasional numbness and tingling along the top of the foot with his symptoms worsened when walking. An electromyography (EMG) dated February 18, 2010 indicated delayed right L5-S1 single nerve root latencies which suggest sensory radiculopathy and remarkable polyphasicity of the right L4-5 and L5-S1 innervated pre and posterior tibial musculature which connotes chronic partial denervation with probable regeneration of the affected motor units. The patient diagnosed with failed back syndrome, fibromyalgia and complex regional pain syndrome of the right ankle, and depression. He has undergone physical therapy, use of electric stimulation, epidural steroid injections, bilateral lumbar hardware blockage, an ankle joint injection and a multitude of medications (Oxycontin, Lyria, Vicodin, Celebrex, Neurontin, Diazepam and topical creams) to treat his pain. The patient would eventually discontinue use of Oxycontin and use Oxycodone, starting the latter on December 15, 2009. A qualified medical evaluator/evaluations (QME) dated 04/03/2013 recommends optimal medical management in order to taper him off opioid, increasing his Lyrica and changing him to Cymbalta because of concern of opioid dependency. Multiple notes indicated development of multiple dental cavities have developed secondary to chronic narcotic analgesic usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments chapters Page(s): 75,88, and 91.

Decision rationale: Short-acting opioids also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These adjunct agents may limit the upper range of dosing of short- acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short- acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast). For higher doses of hydrocodone (5 mg/tab) and acetaminophen (500 mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (16 weeks), but also appears limited. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. The 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 pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Within the medical documentation is a concern for opioid dependency, as well as dental issues as result of opioid usage. The requested medications are no longer medically necessary and are not authorized for use.

Oxycodone 30 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments chapters Page(s): 75,88, and 91.

Decision rationale: Short-acting opioids also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These adjunct agents may limit the upper range of dosing of short- acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short- acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast). For higher

doses of hydrocodone (5 mg/tab) and acetaminophen (500 mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (16 weeks), but also appears limited. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. The 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 pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Within the medical documentation is a concern for opioid dependency, as well as dental issues as result of opioid usage. The requested medications are no longer medically necessary and are not authorized for use.