

<b>Case Number:</b>	CM14-0155499		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### **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 Medicine and is licensed to practice in California. 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:

This is a 54-year-old male patient who reported an industrial injury on 3/14/2010, over 4 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of chronic pain. The treating diagnoses included multiple HNP of the cervical spine with stenosis and neural foraminal narrowing; multiple HNP's of the lumbar spine with canal stenosis and neural foraminal narrowing; cervical radiculopathy; lumbar radiculopathy; bilateral wrist arthralgia; bilateral elbow arthralgia; bilateral shoulder arthralgia; bilateral knee arthralgia; NSAID induced gastritis. The patient was being prescribed omeprazole 20 mg #60; hydrocodone-APAP 10/325 mg #90. A prior QME evaluation for the patient dated to 7/2011 indicated that the provisions for future medical care should include treatment of the upper extremities with OTC (Over the Counter) NSAIDs; treatment of the carpal tunnel syndrome and older neuritis would include repeated electrodiagnostic studies. The patient was reported to continue to complain of ongoing neck and back pain. The pain reportedly was radiating to the upper extremities from the neck and to the lower extremities from the back. The patient was reported to have been authorized surgical intervention the lumbar spine what is holding off until his diabetes is under control along with his hypertension also being controlled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone-APAP 10/325 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids and American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), updated chapter on chronic pain.

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #90 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 4 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 4 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period ( $\leq 70$  days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range

adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the current prescription of tramadol with Norco. Therefore, the continued prescription for Hydrocodone-APAP 10/325 mg #90 is not demonstrated to be medically necessary.

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter lumbar spine ESI and Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines updated back chapter 12 pages 179-80.

**Decision rationale:** The request for authorization of the Neurological Consultation and treatment by the treating physician is not supported with any objective evidence on examination and is not demonstrated to be medically necessary. There is no provided subjective/objective evidence to support the medical necessity of a Neurological examination. The patient is not documented to have neurological deficits to support the medical necessity of a Neurological consultation other than the reported neck pain reported radiating to the BUE and the lower back pain reported radiating to the BLE. There are no neurological deficits documented that have changed since the patient was authorized surgical intervention to the lumbar spine which is delayed until HTN and diabetes are controlled. There are no objective findings consistent with the medical necessity of surgical intervention or the evaluation by a neurologist. There are no nerve entrapment findings. There are no new objective findings to support the consultation and treatment with a neurologist. The request is inconsistent with the recommendations of the CA MTUS. The medical necessity of a neurological evaluation and treatment is not supported with a rationale or objective evidence with a nexus the cited mechanism if injury. The patient has not been demonstrated to meet the criteria recommended for the authorization of a Neurological consultation based on the objective findings documented for this patient. The documented objective findings on examination demonstrated only tenderness to palpation and reduction of range of motion of the cervical and lumbar spine consistent with age. There are no industrial neurological findings to be evaluated by a Neurologist. The patient was being screened for lumbar spine DDD (Degenerative Disc Disease) and cervical spine DDD, whereas, the consultation with a neurologist was ordered prior to the receipt of any test results or any definitive objective findings on examination. Therefore, the request for Neurological Consultation is not medically necessary and appropriate.