

Case Number:	CM14-0024343		
Date Assigned:	06/11/2014	Date of Injury:	04/15/2008
Decision Date:	10/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee 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 54-year-old male who has submitted a claim for chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; lumbar facet joint pain; chronic depression, pain induced; insomnia due to medical condition classified elsewhere; and anxiety, pain induced associated with an industrial injury dated 04/15/08. Medical records from 2013 to 2014 were reviewed. Patient had complaints of pain in the lower extremity noted to be worse with prolonged sitting and standing, felt at the lower back radiating to his right groin region, thigh and lower extremity as well as on his left lower extremity with noted 30% reduction in pain levels following a left sided lumbar epidural steroid injection. Patient was also on Gabapentin and hydrocodone and denies any side effects with the medication. He reports pain produces a moderate level of interference with his ADLs. On subsequent follow-ups, patient states that pain in both lower legs decreased significantly, however pain at the lower back was noted to be worse, described as a stabbing, sharp, aching sensation, worse with back extension, heavy lifting and prolonged standing, and was improved by lying in the fetal position and medications and that pain significantly impacts his capacity to perform his ADLs. Most recent progress report dated 01/16/14 stated that patient complains of persistent right leg spasms and burning pain which were severe and frequent, and constant low back pain graded 7/10 in severity. It initially starts as he wakes up, graded 9/10 with severe aches and spasms that wake him every 1-2 hours when he does sleep. He also reports that depression and insomnia are severe due to the pain. It was noted to be exacerbated by all facets loading maneuvers and bending or twisting. He states that pain severely interferes with all ADLs. On physical examination, lumbar flexion was reduced to approximately 30 degrees maximum and elicits pain, moderate tenderness over the lumbar praspinal musculature at areas of L1-5, tenderness over bilateral sacroiliac joints and severe tenderness over the lateral trochanteric

bursas. He is unable to perform lumbar extension more than 10 degrees beyond neutral, both lumbar flexion and extension elicits pain in the bilateral anterior thighs and in the low back lumbar paraspinal musculature. Bilateral Patrick's test elicits pain over ipsilateral SI joint, hip and groin with noted dysesthesias over the right lateral leg from the hips to toes. Assessment was diffuse pain from the neck to the lower back most severe in the lower back radiating to bilateral hips, thighs and described as burning, tingling and "electrical" pain. Plans were to continue conservative management, continue chronic pain medication maintenance regimen with periodic follow-up, a psychiatric evaluation for pain induced depression and request for bilateral sacroiliac joint injections. Treatment to date included lumbar epidural injections and medications (Diazepam, Prozac, Gabapentin and Norco from at least May to November 2013). Utilization review from 01/31/14 gave a modified certification for Norco 10/325mg #240 1-2 Q4-6hrs, up to 8/day, wean with target of completely off the medication, with modified certification recommendation of 3 months to achieve weaning target. This was recommended since no objective evidence of improvement was seen during the duration of patient's use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #240 1-2 Q4-6 HR UP TO 8/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS, WEANING OF MEDICATIONS, 76,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Also, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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 earliest cited progress note stating the use of Hydrocodone was May 29 to November 13, 2013. The records provided did not specify that patient has set goals regarding the use of opioid analgesics. A treatment failure with non-opioid analgesics is likewise not specified. Although the records did provide a documentation of response in regards to pain control, there was no noted functional improvement in patient symptoms and capacity to perform his ADLs with the use of opioid analgesics with little to no relief noted. No urine drug screen for the prescribed medications was done. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided. Therefore, the request for Norco 10/325mg #240 1-2 Q4-6hrs, up to 8/day is not medically necessary.