

Case Number:	CM14-0101090		
Date Assigned:	09/24/2014	Date of Injury:	07/02/2012
Decision Date:	07/15/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 7/2/12. He reported initial complaints of head, mid back, lower back, left hip resulting from a fall injury. The injured worker was diagnosed as having lumbar sprain/strain; lumbar paraspinal muscle spasms; lumbar multiple disc herniations; lumbar radiculitis; radiculopathy to the lower extremities; left sacroiliac joint inflammation; severe/progressive with difficult radiation to posterior and lateral aspect of the thigh. Treatment to date has included status post arthroscopic diagnostic examination left hip, with debridement anterosuperior labral flap tear, chondroplasty of the acetabulum, debridement of superior/anterior acetabulum, synovectomy (1/30/14); lumbar epidural steroid injection (2/26/14); left sacroiliac joint injection (4/16/14); urine drug screening; medications. Diagnostics included x-ray thoracic and lumbar spine (Flex-Ext) (12/26/13); MRI thoracic spine with Flex-Ext (12/20/13); MRI lumbar spine with Flex-Ext (12/20/13); X-ray left hip (12/26/13); MRI left hip (12/20/13). Currently, the PR-2 notes dated 4/7/14 indicated the injured worker was seen on this date as a comprehensive orthopedic evaluation and further treatment recommendations. The injured worker is a status post skull plate implantation (2006) and complains of sharp, throbbing headaches at the base of the skull. He rates this pain as 5-6/10 and it is intermittent to constant mild to moderate pain. His midback pain is dull, achy with muscle spasms and rated at 8/10. He describes this pain as frequent to constant, moderate to severe and aggravated by prolonged positioning. The low back pain is sharp, stabbing to the left hip with muscle spasms. He rates this pain 6-7/10 and described as frequent to constant, moderate to severe. It is aggravated with squatting, kneeling, ascending or descending stairs, arising from a sitting position or any prolonged positioning. On physical examination, the provider notes tenderness to palpation over the spinous processes at T4, T5, and T6 with

bilateral thoracic paraspinal muscle guarding. The injured worker has an antalgic gait using a cane for ambulation. There is bilateral lumbar paraspinal muscle guarding noted and the spinous processes at L3-L5 are tender to palpation. There is +3 tenderness to palpation at the left trochanter with positive Fabere's and Patrick's testing. He has decreased sensation to pin-prick and light touch at L4, L5 and S1 dermatomes in the left lower extremity. The L2, L3, L4, L5 and S1 myotomes are decreased at the bilateral lower extremities.. The deep tendon reflexes are 2+ at the right and 1+ at the left lower extremity. His vascular pulses are 2+ and symmetrical I in the bilateral lower extremities. The provider has requested Norco 10/325mg TID PRN #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID PO PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003)

(Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.