

Case Number:	CM14-0189300		
Date Assigned:	11/20/2014	Date of Injury:	06/15/2007
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Colorado. 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:

53 year old male with dates of injury 7/6/2006 and 6/15/2007 continues care with treating physician. Patient's primary complaint has been low back pain, no radicular symptoms documented. MRI in 2012 confirmed disc disease and degenerative joint disease of spine, and electrodiagnostic studies were normal. Patient has participated in Physical Therapy though the response to that is not in the documents supplied for review. He has also taken various pain medications / regimens including opioids and Gabapentin and muscle relaxers, with variable relief. Patient has been maintained on 5-6 Norco tablets per day. The treating physician requests renewal of Norco prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be

addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence." Per the Guidelines, "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? Per the records supplied for review, the patient of concern has reduced pain with Norco in addition to his other medications, and some improvement in function. (The only objective evaluation of function is dated in 2011.) However, as of the 5/6/2014 office visit, patient reported increasing pain / decreasing effects of Norco. Also, as of 7/1/2014 office visit, patient reported the effects of Norco (5 per day) to be inadequate, so trial of Opana was attempted. Patient then returned 7/29/2014 with complaint that Opana did not last long enough, and Norco restart (6 per day now) / Physical Therapy requested. Patient was to follow up for re-evaluation by pain management provider after he initiated Physical Therapy, for further assessment of medication regimen. Patient had appointment 8/26/2014 with pain management, and no mention was made of physical therapy or how it may affect his medication use, but the Norco (6 tabs per day) was reported as helpful at that time. Per the notes, patient does have a pain agreement. Urine drug screens are noted to be "consistent," though the actual

lab reports were not included in the records for review. As above, the records do not establish objective evidence of improved function with Norco, and in fact the records do show that pain is not consistently improved on the Norco either, resulting in increased dose over time. As patient has escalated dose of Norco over time without improved function or pain documented, he no longer meets criteria to continue opioids. The Norco is no longer medically indicated for patient.