

Case Number:	CM14-0204650		
Date Assigned:	12/16/2014	Date of Injury:	06/27/2006
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice and is licensed to practice in Ohio. 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 injured worker is a 59-year-old male with a date of injury of June 27, 2006. He had a 600 pound piece of ceiling fall upon him and he sustained a back injury. He had the lumbar surgery 2009 and again in 2011. He continues to complain of severe low back pain radiating to the left lower extremity primarily. The record reflects that he has been weaned from high-dose opioids including fentanyl and OxyContin and is currently taking Norco 10/325 mg, 1 pills daily, #45 monthly. The treating physician notes that the medications are helpful in that he has functional gains as a consequence in terms of improved activities daily living, more restorative sleep, and mobility. No medication side effects are noted. The physical examination reveals tenderness to palpation of the lumbar paraspinal musculature, diminished sensation in the regions of the left sided L5 and S1 dermatomes, a positive seated straight leg raise exam, diminished lumbar range of motion, and diminished left great toe dorsiflexion. The diagnoses include lumbosacral spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, displacement of intervertebral lumbar disc without myelopathy, lumbar post laminectomy syndrome, neck pain, low back pain, brachial neuritis, prostate cancer, and depression. The other medications Lyrica 75 mg twice daily, Pamelor 10 mg at bedtime, baclofen 10 mg twice daily as needed, and alprazolam 1 mg, 2-3 times daily. At issue is a refill request for Norco 10/325 mg #45. The utilization review physician did not certify this medication on the basis that there was no evidence of improved functionality and that there had been several urine drug screens that were inconsistent with medication prescribed. Additionally there was little evidence that actual pain relief was occurring with the Norco. Recently, an MRI scan revealed compression of the left sided L5 and S1 nerve roots and there is consideration for more back surgery or possibly epidural steroid injections at those levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Per guidelines, those patients requiring chronic opioids should have ongoing assessment for pain relief, functionality, aberrant drug taking behavior, and medication side effects. In general, opioids may be continued at the lowest possible dose if there is improvement in pain and functionality and/or the injured worker has regained employment. When to Discontinue Opioids: Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned."(a) If there is no overall improvement in function, unless there are extenuating circumstances(b) Continuing pain with the evidence of intolerable adverse effects(c) Decrease in functioning(d) Resolution of pain(e) If serious non-adherence is occurring(f) The patient requests discontinuing(g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances.(h) Many physicians will allow one "slip" from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations.(i) If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification.(j) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision."In this instance, the injured worker has been substantially weaned from opioids and continues to use the Norco on an as needed basis. While the documentation may be a bit too general, the treating physician notes that the pain medication is helpful and that there are functional gains as a consequence. It also appears that the injured worker has very definite pathology for which further intervention is being strongly considered. It seems quite possible that this situation represents more of an under dosing circumstance and therefore it would actually not be appropriate to discontinue Norco. Instead, it appears that the injured worker has been weaned to the lowest possible dose of opioids and perhaps his need for

that will diminish with more intervention such as a lumbar epidural steroid injection trial.
Therefore, Norco 10/325mg quantity 45 is medically necessary.