

Case Number:	CM15-0130128		
Date Assigned:	07/16/2015	Date of Injury:	05/01/2001
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 67 year old male, who sustained an industrial injury on May 1, 2001. The injured worker was diagnosed as having neck pain, sacrum disorders, sciatica, and lumbar postlaminectomy syndrome. Treatments and evaluations to date have included epidural steroid injection (ESI), chiropractic treatments, lumbar fusion, left shoulder surgeries, bilateral knee replacements, lumbar spine CT scan, MRIs, electrodiagnostic studies, x-rays, scoliosis studies, lumbar myelogram, and medication. Currently, the injured worker complains of chronic neck pain and chronic low back pain. The Treating Physician's report dated May 28, 2015, noted the injured worker reported no benefit from a cervical epidural steroid injection (ESI) on December 16, 2014. The injured worker reported increased low back pain with radiation down his right leg over the previous week. The injured worker requested additional chiropractic treatments as they had helped in the past. The injured worker was noted to continue with Norco up to twice daily with approximately 30% decrease in pain, allowing him to continue performing activities of daily living (ADLs) with less pain and helps him maintain his ranch property. Physical examination was noted to show the injured worker with an antalgic gait, lumbar spine spasm and guarding, and positive right side straight leg rise. The injured worker's current medications were listed as Quinine Sulfate, Hydrocodone-APAP, Topamax, Alieve, Baby Aspirin, Hydrochlorothiazide, Klor-con, Meloxicam, Multivitamins, Stool softener, Tylenol, and Zolpidem Tartrate. The treatment plan was noted to include a request for authorization for a Medrol Dosepak and Hydrocodone-APAP, and chiropractic treatments. A preliminary urine drug screen (UDS) was performed, with [REDACTED] report showing no inconsistencies. The injured

worker was noted to be permanent and stationary with permanent disability. The Treating Physician's note dated June 15, 2015, noted the injured worker had increased his Norco to three times a day due to recent increase in pain, providing modest improvement in his pain level which allowed him to perform his basic activities of daily living (ADLs). The physical examination did not include any new findings from the previous examination. The Physician advised the injured worker he could increase his Norco to three times daily dosing until his pain returned to baseline, provided with an extra 10-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Acetaminophen) 10/325 mg Qty 60: 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): 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. On January 23, 2015, the injured worker reported Norco was not adequately controlling his pain as it only lasted for several hours at a time, therefore it was discontinued. The injured worker was noted to resume taking Norco on April 27, 2015, as it had previously provided a 50% decrease in pain. On May 28, 2015, the Norco was noted to provide approximately 30% decrease in pain, and on June 15, 2015, the injured worker increased his Norco providing modest improvement in his pain levels. The documentation provided noted inconsistent responses to the Norco in pain and function, with no objective, measurable improvements in the injured worker's specific activities of daily living (ADLs) such as bathing, dressing, etc. The injured worker was noted to have increased his Norco independently from the Physician's orders, and a urine drug screen (UDS) dated May 28, 2015, negative for opiates. There was no indication that the injured worker had a reduction in her dependency on continued medical treatment, nor was there documentation of a pain assessment that included the injured worker's current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. Based on the MTUS guidelines, the documentation provided did not support the medical necessity for Hydrocodone/ APAP (Acetaminophen). Of note, discontinuation

of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.