Case Number:	CM15-0139716		
Date Assigned:	07/29/2015	Date of Injury:	02/27/2006
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 47-year-old male, who sustained an industrial injury on 02/27/2006. He has reported injury to the low back. The diagnoses have included lumbar myoligamentous injury, with associated facet joint hypertrophy; herniated nucleus pulposus at L4-5 and L5-S1, with central and foraminal stenosis; left lower extremity radiculopathy; right lateral epicondylitis; and medication-induced gastritis. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and intrathecal morphine pump trial. Medications have included OxyContin, Roxicodone, Norco, Neurontin, Wellbutrin, Soma, and Prilosec. A progress report from the treating physician, dated 06/17/2015, documented a follow-up visit with the injured worker. The injured worker reported that he is recuperating from his infected appendix, which ruptured in early March 2015; he had surgery and is still having significant abdominal pain and fevers and is on antibiotics; he continues to have ongoing debilitating pain in his lower back, radiating down to both lower extremities, right greater than left; his pain is aggravated with any type of bending, twisting, and turning which significantly limits both his mobility and activity tolerance; he has been requiring escalating doses of his oral analgesic medications; currently, he take up to 8 tablets of Norco a day, along with Roxicodone which he takes 6 tablets a day; he has also been on OxyContin which he takes only as needed for severe pain; his current medications enable him to be as functional as possible as well as improve his quality of life; he has been able to perform activities of daily living and participate in a self-directed home exercise program; he has tried on several occasions to cut back on his pain medications, but often would result in elevating his blood pressure; and he was scheduled to undergo permanent implantation of the intrathecal infusion pump device, but the procedure

was cancelled due to significantly elevated blood pressure. Objective findings included an antalgic gait favoring the left lower extremity; tenderness to palpation of the lumbar spine bilaterally with increased muscle rigidity; there are numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion with obvious muscle guarding; sensory exam with Wartenberg pinprick wheel was decreased along the posterolateral thigh and posterolateral calf in the left L5-S1 distribution; the straight leg raise is positive which caused radicular symptoms to both lower extremities; and there is tenderness along the lateral epicondylar region of the right elbow. The treatment plan has included the request for Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, 86.

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 dairy 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 decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.