

Case Number:	CM15-0143098		
Date Assigned:	08/04/2015	Date of Injury:	05/25/1990
Decision Date:	09/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on May 25, 1990. He reported left groin pain, left lower extremity pain and spasm and right lower extremity pain. The injured worker was diagnosed as having complex regional pain syndrome, type II of the lower limb, reflex sympathetic dystrophy of the lower extremity, mononeuritis of the lower limbs, chronic pain syndrome and groin injury. Treatment to date has included diagnostic studies, surgical intervention of the right knee, surgical intervention of the hips times 2, a wheelchair for locomotion, a cane for ambulation, conservative care, opioid medications and work restrictions. Currently, the injured worker continues to report left groin pain, left lower extremity pain and spasm and right lower extremity pain. The injured worker reported an industrial injury in 1990, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 30, 2015, revealed continued pain as noted rated at 4-6 on a scale of 1-10 with 10 being the worst on average and 8.5 out of 10 with 10 being the worst with increased activities. It was noted he used Oxycodone and Norco for pain and Zanaflex for spasms. He reported he was able to transfer independently, walk and perform basic activities of daily living. The Norco was decreased to 7.5/325 mg from 10/325 and the Zanaflex was increased. Oxycodone was continued. Evaluation on June 29, 2015, revealed continued pain. He noted the pain and spasms were fairly controlled during the day and worsened at night with increased daytime activity. Norco 10/325, Oxycodone and zanaflex were continued. He continued to complain of sleep disruptions however noted sleeping from 10 pm until 5 am nightly. There was no pain assessment with numerical pain ratings to

compare to previous visits. Norco 10/325mg #110 do not fill until 7/5/15, Norco 10/325mg #110 Do not fill until 8/15/15, Oxycodone 5mg #110 do not fill until 7/5/15 and Oxycodone 5mg #110 Do not fill until 7/5/15 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110 do not fill until 7/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. Furthermore, there was no explanation of why the dose was increased after the weaning process had started. The dose was reduced to 7.5/325 mg and it was noted the pain was fairly controlled. No numerical pain assessment was available on that visit however the Norco was increased to 10/325. Pain assessments are intended to be ongoing and with each visit. For these reasons, Norco 10/325mg #110 do not fill until 7/5/15 is not medically necessary.

Norco 10/325mg #110 do not fill until 8/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the

prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. Furthermore, there was no explanation of why the dose was increased after the weaning process had started. The dose was reduced to 7.5/325 mg and it was noted the pain was fairly controlled. No numerical pain assessment was available on that visit however the Norco was increased to 10/325. Pain assessments are intended to be ongoing and with each visit. For these reasons, Norco 10/325mg #110 do not fill until 8/5/15 is not medically necessary.

Oxycodone 5mg #110 do not fill until 7/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Oxycodone is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Oxycodone. Pain assessments are intended to be ongoing and with each visit however there were inconsistencies with available pain ratings from one visit to the next. For these reasons, Oxycodone 5mg #110 do not fill until 7/5/15 is not medically necessary.

Oxycodone 5mg #110 do not fill until 7/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Oxycodone is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Oxycodone. Pain assessments are intended to be

ongoing and with each visit however there were inconsistencies with available pain ratings from one visit to the next. For these reasons, Oxycodone 5mg #110 do not fill until 7/5/15 is not medically necessary.