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| Case Number: | CM15-0149093 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 04/23/2004 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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: California

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 65 year old male, who sustained an industrial injury on 4-23-04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; postlaminectomy syndrome; lumbar spine degenerative disc disease. Treatment to date has included status post lumbar fusion L4-L5 and L5-S1 (12-2004); physical therapy; transforaminal epidural steroid injections for the L3-4; caudal epidural steroid injection (6-5-15); medications. Diagnostics studies included MRI lumbar spine (9-3-14); CT scan sacrum-coccyx without contrast (10-16-14). Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of back pain radiating from the low back down the posterolateral thigh and calf wrapping around and including the dorsum of the foot and middle toes back down the left leg. He rates his pain as 4 out of 10 and without medications 8 out of 10 on the pain scale. He reports his quality of sleep is poor and denies any new injury or new side effects. He reports a back brace was prescribed for him by another provider but the one he picked up on his own is "too flimsy" and he is asking for a better one. He is a status post lumbar fusion of L4-L5 and L5-S1 in December 2004 with reported significant relief. He has also had multiple bilateral knee surgeries. His medications are listed as Cymbalta, Neurontin and Lyrica all of no help. He has tapered himself off of Oxycontin in the past and unable to take NSAIDS due to a surgical history of a gastric bypass. He reports having a caudal epidural steroid injection 1-2015 by an outside provider with 70% relief. He then has another caudal epidural steroid injection on 6-5-15 with 50% pain relief but ongoing back pain and not adequately controlled at this time with his current medications regimen. He reports the increase in dosage for pain medications was not authorized.

Therefore needing 5 tabs of medications a day for adequate pain relief. He continues to use a Butrans patch. X-rays of the lumbar spine with flexion and extension reveal by this provider, interval narrowing of L3-L4 disc space with associated bony sclerosis and hypertrophic change. He has mild retrolisthesis (6mm) of L3 on L4 and post-surgical changes at L4-S1 without evidence for motion. The provider will request Norco #120 and an additional #30 out of pocket if they are not authorized due to lack of pain control after caudal epidural injection. The provider is requesting authorization of Norco 10/325mg #30, every 4-6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30, every 4-6 hours as needed: 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): 76-78, 80, 82, 95-96.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be 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 that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). The guidelines also indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). The guidelines also provide recommendations on dose titration; particularly in the maintenance phase of treatment. Specifically, "if pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction (Page 82)." Regarding the potential for opioid hyperalgesia, the MTUS guidelines state: "Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of hyperalgesia, a change in pain pattern, or persistence in pain at higher levels

than expected." The guidelines recommend an assessment to determine if this is the cause for escalating the dose of opioid (Pages 95-96). Based on the review of the medical records, there is insufficient documentation in support of medical need to escalate the dose of opioids in this patient. The patient is currently on a combination of Butrans and Norco 10/325mg #120 per month. There is insufficient documentation that the patient has undergone an assessment for other potential explanations for the increased use of Norco; i.e., disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. Further, whether this request represents opioid hyperalgesia, tolerance, dependence or actual addiction. For these reasons, Norco 10/325mg #30, every 4-6 hours as needed is not medically necessary.