MAXIMUS Federal Services

Case Number:	CM15-0164380		
Date Assigned:	09/01/2015	Date of Injury:	06/28/2013
Decision Date:	10/05/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 46 year old male, who sustained an industrial injury on June 28, 2013. He reported tripping and falling developing low back pain. The injured worker was diagnosed as having lumbar spinal stenosis, sciatica, pain in ankle and foot joint, long-term use of medications, and psychogenic pain. Treatments and evaluations to date have included a MRI, epidural steroid s (ESIs), electrodiagnostic studies, bracing, and medication. Currently, the injured worker reports low back pain and leg pain. The Treating Physician's report dated June 29, 2015, noted the injured worker continued to take 6 Norco tablets daily for his chronic back pain. The injured worker was reported to have missed several appointments, with his persistent severe back pain qualified as a 9 or 10 out of 10 on the visual analog scale (VAS). The injured worker was noted to have a positive urine drug screen, admitting to smoking marijuana. The physical examination was noted to show the injured worker with an antalgic gait, with no edema or tenderness in any extremity, normal muscle tone without atrophy in all extremities, and spasm and guarding noted in the lumbar spine. The injured worker's current medications were listed as Etodolac, Gabapentin, Viagra, DSS, Hysingla, Trazodone, and Norco. The treatment plan was noted to include prescriptions for Lyrica, Norco, Trazodone, and Dss, with the Norco being decreased from 195 tablets to 180 tablets until the injured worker could provide a urine drug screen (UDS) negative for THC at the next visit. The injured worker was noted to be on work restrictions without documentation of the current level of work activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

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. In this case, the injured worker was noted to have been prescribed Norco since at least December 2014. The injured worker was noted to have missed several appointments with a drug screen positive for marijuana. The physician noted the injured worker would have another drug screen at the next visit rather than performing a random urine drug screen (UDS) at the time to evaluate the injured worker's compliance with prescribed medication use only. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

DSS 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The MTUS is silent on the use of DSS (Docusate). The MTUS Chronic Pain Medical Treatment Guidelines

notes that prophylactic treatment of constipation should be initiated when initiating opioid therapy. The injured worker was noted to have been prescribed opioid medication since at least December 2014. The injured worker was prescribed DSS, a stool softener, since March 2015, without indication for the prescription at the time as the injured worker denied constipation, heartburn, or nausea, and has continued to deny gastrointestinal (GI) symptoms. The documentation provided did not include documentation of the indication for, or efficacy of the DSS. As the injured worker has been noted to have no history of constipation or gastrointestinal (GI) symptoms, and with the Norco determined to be not medically necessary, the request for DSS 250mg #60 is not medically necessary.