

Case Number:	CM15-0167626		
Date Assigned:	09/08/2015	Date of Injury:	11/06/2007
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 33 year old female, who sustained an industrial injury on November 6, 2007. She reported low back pain and right buttock pain. The injured worker was diagnosed as having low back pain, lumbar discogenic pain syndrome, chronic pain syndrome, insomnia and myalgia and myositis. Treatment to date has included diagnostic studies, TENS unit, acupuncture, yoga, conservative therapies, medications and work restrictions. Currently, the injured worker continues to report low back pain and right buttock pain worse with activity and improved with medications and lying down. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 7, 2015, revealed continued pain as noted. She rated her pain at 7-8 on a 1-10 scale with 10 being the worst without the use of medications and at a 2-3 with the use of medications and rest. Magnetic resonance imaging (MRI) on May 16, 2013, revealed disc protrusions impressing the thecal sac without central canal stenosis, mild foramina narrowing without root compression and mild facet joint arthrosis. It was noted there were no trigger points and the straight leg test elicited right buttock pain. It was noted on the report urinary toxicology screen was consistent with expectations on March 24, 2015. Medications were continued including Norco, Soma and Duragesic patches as well as others. Evaluation on May 5, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst without the use of pain medication and 3 on a 1-10 scale with 10 being the worst with the use of medications. It was noted she was active with her child and was able to do household chores. It was reported she had failed morphine reporting itching, first-line

neuropathic pain medications including Lyrica and Gabapentin and failed Cymbalta trials reporting it caused hot flashes. It was noted she underwent genetic testing and could not metabolize hydrocodone normally so she is at a heightened dose over the daily recommended Morphine Equivalent Dosage (MED). The results of the genetic test were not included. It was noted the dose was reduced from 10-12 Norco daily to 5-6 Norco daily and Fenanyl was reduced from 75 mcg to 50 mcg every 72 hours. Evaluation on June 23, 2015, revealed an unfortunate flare up of low back pain and bilateral lower extremity radicular symptoms. She rated her pain at 9 on a 1-10 scale without the use of medications and 3 on a 1-10 scale with 10 being the worst with the use of medications. It was noted she remained active and able to care for her child. Duragesic patches 50mcg/hr #10, Norco 10/325mg #180 and Soma 350mg #60 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 #180: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: According to the California (CA) MTUS Guidelines, Norco is a short-acting opioid analgesic recommended for controlling chronic pain after first line oral analgesics have failed. The CA MTUS recommended prescribing opioids at the lowest dose possible to achieve a therapeutic response for the shortest duration possible. For ongoing management, the four A's including analgesia (pain relief), activities of daily living (psychosocial functioning), adverse effects (side effects) and aberrant drug behaviors (addiction-related outcomes) should be well documented and regularly assessed. In this case, it was indicated the injured worker had failed multiple oral therapies however, NSAIDs were not noted as failed. In addition, the opioid was prescribed for months with no change in the intensity of pain or level of functioning from one visit to the next. Furthermore, the amount of the prescribed medication indicated the intention for long term use. For these reasons, the request for Norco10/325mg #180 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines Chronic Pain Chapter (2008) page 128; ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the California (CA) MTUS Guidelines, Soma is a muscle relaxant indicated for short-term use only. The CA MTUS does "Not recommend" long-term use of the medication. Abuse, addiction and withdrawal concerns are noted with the continued use of Soma. According to the CA MTUS Soma should not be used longer than a 2-3 week period. In this case, the injured worker has been prescribed Soma for several months with no indication of decreased pain intensity or duration and no increase in function. On a June evaluation, it was noted the injured worker was having increased pain and bilateral lower extremity radicular symptoms. For these reasons, the request for Soma 350mg #60 is not medically necessary.

Duragesic patches 50mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines, Duragesic patch (Fentanyl) is a potent opioid slowly released through the skin and is not recommended as a first line therapy. The FDA approved the use of Fentanyl for management of chronic pain in individuals requiring continuous opioid analgesia for the management of chronic pain that cannot be managed by other means. In this case, the injured worker is prescribed high doses of oral opioids as well as duragesic patches. It is noted, despite the high doses of opioids the individual continues to experience severe pain. There is no indication the Duragesic patch is providing effective pain management. In addition, the injured worker was frequently prescribed over the daily morphine equivalency dose (MED) as recommended by the CA MTUS. For these reasons, the request for Duragesic patches 50mcg/hr #10 is not medically necessary.