MAXIMUS Federal Services

Case Number:	CM15-0168600		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2014
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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 56 year old male who sustained an industrial injury on 04-01-2014. The injured worker reported that he was thrown from a vehicle and twisted his low back and impacted his right forearm, wrist, hand and his left and right knee. An x-ray report submitted for review and dated 01-26-2015 revealed that the outside plain films of the lumbar spine from 01-26-2015 appeared grossly stable in appearance to prior plain films dated 11-06-2014 as well as to prior outside plain films from 07-03-2014. Post-surgical changes from anterior and posterior fusion and instrumentation at L5-L6 were grossly stable and very mild ventral subluxation of L4-5 was stable as well. Mild levoscoliosis was also stable. According to a progress report dated 08-03-2015, the injured worker reported that back symptoms were essentially unchanged. There was moderate aching pain of the low back. Pain radiated down the posterior left leg to the left foot. Leg pain was intermittent. There were paresthesias of both feet in a patch distribution. The tingling was the same in both legs. The injured worker was scheduled to have a qualified medical examination on 08-14-2015. He averaged taking 2 Hydrocodone 10-325 mg per day for pain not relieved by other medications. There were no significant side effects. Inspection of the back revealed straightening of the normal lumbar lordosis. There was moderate pain to palpation of the paraspinous muscles bilaterally of the low back. Palpation of the back revealed moderate muscular spasm. Range of motion of the lumbar spine was moderately restricted due to a complaint of pain. Right patellar and left patellar reflexes were 2+ and right ankle and left ankle reflexes were 1+. He could not stand on his toes or heels of the left foot due to complaints of pain. Diagnoses included right elbow forearm contusion, right hand (s) contusion, right knee

contusions, lumbosacral strain sprain and thoracic strain sprain. There was no change in work status. He was currently not working. He was prescribed Norco 10-325 mg every 4-6 hours as needed for pain #60 with no refills and Lyrica 100 mg every 8 hours #90 with no refills. An authorization request dated 08-10-2015 was submitted for review. The requested services included Norco 10-325 mg #60 no refills and Lyrica #90 no refills. On 08-19-2015, Utilization Review non-certified Norco 10-325 mg #60 and certified the request for Lyrica 100 mg #90. The UR provider noted, in regard to Norco, that documentation of analgesia, function, side effects and appropriate medication use were not addressed in significant detail in records provided and that the injured worker was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 nonopioid 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 all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.