

Case Number:	CM15-0180385		
Date Assigned:	09/22/2015	Date of Injury:	01/29/1978
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, 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:

This is a 62 year old male patient who sustained an industrial injury on 1-29-78. The diagnoses include lumbar radiculitis, post-laminectomy syndrome, lumbar disc bulge, cervical radiculopathy. Per the doctor's note dated 7-9-15, patient has 90% pain relief in the low back and 75% relief in legs after lumbar ESI on 11/24/2014. The patient has complaints of neck pain with radiation to the left arm and occipital headache. He has moderate improvement with chiropractic care. He had cervical ESI in 2/2014 with good relief. The physical examination revealed range of motion improved, decreased sensation to bilateral posterior thighs, straight leg raise negative; cervical spine- triggers at bilateral C7 and decreased sensation in the left arm at C6. The medications list includes Norco and Medrol dosepak. He has had cervical MRI on 10/5/2010. He has undergone spine fusion surgeries x 2. He has had cervical and lumbar ESIs for this injury. He has had at least 12 sessions of chiropractic treatments for this injury. Per the note dated 7-9-15, patient was advised Urine toxicology screen at next visit to monitor compliance. The original utilization review (8-31-15) partially approved a request for Norco 10-325 milligrams quantity of 90 and a Medrol dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: 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, Opioids for chronic pain.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant and lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10-325mg #90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Medrol dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Medrol dose pack Oral corticosteroids.

Decision rationale: CA MTUS does not specifically address Medrol dose pack. Medrol dose pack contains methyl prednisolone. Per the ODG guidelines cited below, oral corticosteroids are "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarnier, 2012)" Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). Therefore there is no high grade scientific evidence to support the use of oral corticosteroids for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. Oral steroid is recommended for Polymyalgia rheumatica (PMR). Evidence of Polymyalgia rheumatica (PMR) is not specified in the records provided. The medical necessity of Medrol dosepak is not fully established in this patient at this time.