

Case Number:	CM15-0182854		
Date Assigned:	09/23/2015	Date of Injury:	06/15/2013
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 63 year old male, who sustained an industrial injury on 6-15-13. The injured worker was diagnosed as having cervical radiculopathy; shoulder pain; lateral epicondylitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-4-15 indicated the injured worker was seen in this office as a follow-up visit. The injured worker complains of neck pain and bilateral upper extremity pain. The provider documents "Patient rates his pain with medications as 9 on a scale of 1 to 10. Patient rates his pain without medications as 10 on a scale of 1 to 10. He does not report any change in location of pain. No new problems or side-effects. Quality of sleep is fair. He is not trying any other therapies for pain relief. He denies any new injury since last visit. Activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are working well." The provider documents the injured worker has attended 7 out of 12 sessions of physical therapy and will continue to attend and work on his home exercise program. The provider notes the injured worker reports physical therapy is very helpful. He has been authorized for an EMG and is continuing to get it scheduled. The provider continues documentation of "Present Complaints: Currently, the patient complains of pain in the neck, upper back, left shoulder, arm, elbow, wrist and hand. His neck pain radiates down to this left upper extremity. The pain is associated with numbness, tingling, and weakness in the left arm and left hand, as evidenced by difficulty buttoning his shirt. The pain is constant in frequency and severe in intensity. On a scale of 0 to 10, he rates his pain during the past seven days is 10." He notes "the pain is relieved with taking medication. He state that he does not experience any relief of back pain when leaning forward or leaning on a

shopping cart. He does not use any assistive device for walking. The patient states his symptoms have been worsening since his injury. The pain in the neck is 50% of his pain and the pain in his arm is 50% of his pain. He can sit for 10 to 15 minutes at one time and stand for 10 to 15 minutes at one time." Medications failed: The injured worker stopped taking Gabapentin due to its side effects of sedation. The PR-2 notes dated 7-7-15 are documented by the provider noting "The patient rates his pain with medications 8 on a scale of 1 to 10. Patient rates his pain without medications as 10 on a scale of 1 to 10." The injured worker reports he is taking his medication as prescribed and that medications are working well. The provider notes on this PR-2 that "Norco modified from 90 to 68." PR-2 notes dated 6-9-15 report the same findings for medications and Norco 10-325mg one three times a day as needed -quantity 90 were prescribed. PR-2 note dated 4-2-15 Norco prescribed for three a day "sparingly". The PR-2 notes were submitted as far back as April 2014 indicating Norco had been prescribed. A Request for Authorization is dated 9-12-15. A Utilization Review letter is dated 8-25-15 and non-certification was for Norco 10/325mg #90. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for Norco 10/325mg #90. The provider documents the injured worker underwent a cervical epidural steroid injection (CESI) on 10-29-14 and indicates no significant pain relief and continues to have complaints of headaches, poor energy and off balance since the injection. He will continue to have cervical neck pain and bilateral upper extremity radicular pain. He complains of low energy and reports he has had to re-schedule physical therapy due to this issue. The provider notes" His Norco was modified from 90 to 68.

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 for chronic pain.

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 diary 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 non-opioid 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 improvement in VAS scores for significant periods of time only decreasing from a 10/10 to a 9/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.