MAXIMUS Federal Services

Case Number:	CM15-0184410		
Date Assigned:	09/24/2015	Date of Injury:	07/25/2013
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 7-25-13. The injured worker is being treated for probable lumbar spondylosis, probable cervical spondylosis, peripheral neuropathy, peripheral vascular disease and signs of bilateral chronic frontal left brain stem, bilateral cerebellar and right cortical sensory deficits. Urine drug screen performed on 4-13-15 was consistent with medications prescribed. Treatment to date has included oral medications including Vicodin 5-325mg, Fetizma 40mg, and Norco 5-325mg (since at least 2-2015), Cymbalta and Motrin, topical Butrans patches and activity modifications. On 7-6-15, the injured worker complains of continued aching, burning, dull, pinching soreness of cervical area rated 8 out of 10 which is improved with heat and massage; he also complains of back pain and low back pain rated 8 out of 10 which is improved with rest. He is currently temporarily totally disabled. Physical exam performed on 7-6-15 revealed pain to palpation over the C2-3, 3-4 and 4- 5 facet capsules bilaterally, secondary myofascial pain with triggering and ropey fibrotic banding and pain with rotational extension indicative of facet capsular tears bilaterally; and pain to palpation over the L3-4, L4-5 and L5-S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding. On 7-8-15, a request for authorization was submitted for Norco 5-325mg #120. On 8-18-15, a request for Norco 5-325mg #120 was modified by utilization review for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120 (4x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids for chronic pain.

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

Decision rationale: The patient presents on 07/06/15 with cervical spine pain rated 8/10, and lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient's date of injury is 07/25/13. Patient has no documented surgical history directed at these complaints. The request is for Norco 5/325mg, #120 (4x a day). The RFA is dated 07/06/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the C2 through C6 facet capsules bilaterally, with secondary myofascial tenderness and trigger points noted. Lumbar exam reveals tenderness to palpation from L3 to S1 levels, positive Patrick's test bilaterally, and the provider notes trigger points and "ropey" fibrotic banding. The patient is currently prescribed Cymbalta, Motrin, Norco, and Topamax. Patient is currently classified as temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications or Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 07/06/15, the provider does include documentation that narcotic medications reduce this patient's pain by 75 percent. The provider also notes functional improvements, though fails to provide any activity-specific gains. The provider specifically notes a lack of aberrant behavior and consistent urine drug screening to date. In this case, 4A's criteria have not been adequately addressed, as no activity-specific functional gains are documented.
More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care

for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." Per progress note 07/06/15, the treater states: "The patient has been continuing note substantiated benefit of the medications, and he has nociceptive, neuropathic, and inflammatory pain." It is not clear what leads the provider to the conclusion that this patient suffers from true nociceptive pain, as he does not suffer from any ongoing soft-tissue injury or cancer, and he has been prescribed several narcotic medications long term. While this patient presents with significant chronic pain complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), as well as activity-specific functional improvements, continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.