

Case Number:	CM15-0190493		
Date Assigned:	10/02/2015	Date of Injury:	04/24/2009
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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 34 year old male patient who sustained an industrial injury on April 24, 2009. He sustained the injury due to being attacked by three people. The diagnoses include complex regional pain syndrome type I upper extremity, complex regional pain syndrome type I lower extremity and chronic pain due to trauma. He was advised to taper Norco. Per the doctor's note dated 9/28/15, the patient reported that he had overused his medications on 9/25/15. The patient was admitted for overusing medications. The patient had pain at 8/10- neuropathic pain in all 4 extremities. He wished to defer surgery. Per the pain management follow up dated August 19, 2015 he reported chronic left ankle and foot pain followed by occupational injury. The physical examination revealed neck tenderness at C5,6, 7 level; lumbar spine -tenderness and limited extension and flexion due to pain; left ankle allodynia, color and temperature changes persist in the bilateral lower extremities below the knees and in the upper extremities distal to the axilla. The plan of care is noted with referral to an orthopedic surgeon with further note of surgical intervention may worsen the CRPS pain. The medications list includes Norco, MS Contin and oxycodone. He has tried lyrica, neurontin and cymbalta in the past. A pain management visit dated July 10, 2015 reported "symptoms remain suboptimally managed as his workman's compensation carrier continues to deny all medications and procedures." There is note of the worker managing with paying out of pocket for MS Contin, Norco and Oxycodone. He reports "mild pain relief and functional improvement with medications when taken regularly." He has had physical therapy visits, chiropractic care and lumbar sympathetic block for this injury. He has had a urine drug screen on 6/18/15, which was consistent for hydrocodone and oxycodone

and inconsistent for morphine; on 4/15/15 and 5/18/15 which was inconsistent for morphine. Urine toxicology report dated August 19, 2015 reported findings inconsistent with prescribed medication-MS Contin. On September 01, 2015 a request was made for Norco 10mg 325mg which was modified and urine drug screening that was noncertified by Utilization review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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 non-opioid 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. Per the doctor's note dated 9/28/15, the patient reported that he had overused his medications on 9/25/15. The patient was admitted for overusing medications. He has had a urine drug screen on 6/18/15 which was consistent for hydrocodone and oxycodone and inconsistent for morphine; on 4/15/15 and 5/18/15 which was inconsistent for morphine. So there was evidence of aberrant drug behavior. 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 daily use of opioids analgesic. The medical necessity of Norco 10/325mg 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. Therefore, the request is not medically necessary.

One urine drug screen: Overturned

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Opioids, tools for risk stratification & monitoring.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications included Norco, MS Contin and oxycodone which are opioid analgesics. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. He has had urine drug screen on 6/18/15 which was consistent for hydrocodone and oxycodone and inconsistent for morphine; on 4/15/15 and 5/18/15 which was inconsistent for morphine. Per the records provided the patient is at high risk for aberrant behavior with opioid use. In addition, per the cited guidelines "Patients at "high risk" of adverse outcomes may require testing as often as once per month." The request of one urine drug screen is medically appropriate and necessary for this patient at this juncture.