

Case Number:	CM15-0191957		
Date Assigned:	10/06/2015	Date of Injury:	05/22/1997
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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 60 year old male who sustained an industrial injury on 05-22-1997. Treatment to date has included medications, cervical and lumbar spine surgeries and pain pump implantation. According to a progress report dated 06-18-2015, the injured worker reported that pain was constant and rated 5 on a scale of 1-10. He was "very active" and did a lot of yard work and household chores. He was also a trainer and involved in a lot of physical activities. He was "very functioning" but he did feel over the last several that there was more pain in his leg and he occasionally felt less energy in his legs. In addition to the pump medications, he was also taking, Norco, Oxycodone, Methadone, Xanax, Androgel and Senna. He took the Xanax on occasion and used it less than 5 times a month. Diagnoses included lumbar degenerative disc disease, cervical postlaminectomy syndrome, postlaminectomy syndrome, cervicalgia and sciatica. His pump still had about 2 months of medications to run. There was a signed opioid contract. Written prescriptions included Oxycodone 30 mg every 4 hours as needed #180, Hydrocodone-Acetaminophen 10-325 mg every 3 hours as needed #240 and Methadone 10 mg three times a day #90. According to a progress report dated 09-09-2015, the injured worker needed a pump refill. He was ready for the right knee replacement. The provider noted that the injured worker may need more pain meds when he has the surgery. He tried a knee injection which did not last that long. He had a back pain flare up that had now subsided. His pump was "doing the job" and his back pain was "stable". He reported that he continued to need Methadone, Oxycodone and Norco with use of the pain pump bolus. Current pain with use of medications was rated 4 on a scale of 1-10. His pain levels reduced from 9 back down to 4 with

use of current medication regimen. He continued to stay active with exercising at the gym and landscaping on his property, which he did daily. The pump was refilled. Settings were unchanged. Prescriptions were written for Polyethylene Glycol, Oxycodone, Hydrocodone-Acetaminophen and Methadone. Documentation shows long-term use of Oxycodone, Hydrocodone and Methadone. An authorization request dated 09-10-2015 was submitted for review. The requested services included Oxycodone 30 mg #180, Methadone 10 mg #90, Norco 10-325 mg #240 and Polyethylene Glycol. Urine toxicology reports were not submitted for review. On 09-17-2015, Utilization Review non-certified the request for Norco 10-325 mg #240 and authorized the request for Polyethylene Glycol, Oxycodone and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1997 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #240 is not medically necessary or appropriate.