

Case Number:	CM15-0198139		
Date Assigned:	10/13/2015	Date of Injury:	05/17/2004
Decision Date:	11/20/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female with a date of injury on 05-17-2004. The injured worker is undergoing treatment for sciatica, thoracic or lumbosacral neuritis or radiculitis, other chronic postoperative pain, and opioid dependence with continued use. A physician progress note dated 08-07-2015 documents the injured worker report a fall on 06-26-2015 and she fractured her wrist. She states her legs will gives way on her. She is walking, and she describes the same numbness she had before her surgery. Overall her recovery is slow but steady. Range of motion has improved. Motor is 5-5 and sensation is decreased in her posterior thigh, calf and plantar foot on left. She is awaiting physical therapy. Physician progress notes dated 08-07- 2015 and 09-14-2015 documents the injured worker has continued back pain that she rates as 10 out of 10 without meds and 7 out of 10 with meds. Activity without medications is reduced. She has difficulty getting and staying asleep. The plan is to continue to wean the opiates. This month the compounded Hydrocodone XL is reduced to 30mg. Treatment to date has included diagnostic studies, medications, status post SLIF L4-5 with cage, decompression laminectomy L4-5 with posterolateral fusion L4-5 with instrumentation, and physical therapy. Her medications include Norco (since at least 06-19-2015), Dilaudid and Hydrocodone compounded. She is also taking an anti-depressant and is weaning Xanax. On 10-08-2015 Utilization Review non-certified the request for Compounded Hydrocodone XL 30mg #60, but weaning is recommended. Norco 10/325mg #180 was non-certified the request but weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Hydrocodone XL 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, dosing, Opioids, pain treatment agreement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Hydrocodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/14/15. Therefore the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, dosing, Opioids, pain treatment agreement. Decision based on Non-MTUS Citation ODG, Pain Chapter - Hydrocodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. The ODG-TWC

pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/14/15. Therefore the request is not medically necessary.