

Case Number:	CM15-0202105		
Date Assigned:	10/19/2015	Date of Injury:	09/29/2011
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This is a 31-year-old male with a date of industrial injury 9-29-2011. The medical records indicated the injured worker (IW) was treated for crushing injury of foot; causalgia, lower limb; gait disorder; chronic pain syndrome; left upper back donor site with scarring and adhesions; and status post fall with head concussion and right ankle sprain. In the progress notes (8-4-15, 9-10-15), the IW reported pain in the right foot, left shoulder and back. His most current pain was 10 out of 10, increased since his last visit; pain since his last visit was 6 out of 10; his average pain was 8 out of 10; pain with opioid was 6 out of 10 and pain relief duration varied. He ambulated by wheelchair, but could tolerate walking sort distances using a cane if he had his medications. Medications included Norco (since at least 8-2015), Nucynta, Zanaflex, Lyrica and Lidoderm patch 5%; Cymbalta was prescribed by his psychiatrist. The IW noted Norco helped decrease his pain and allowed increased function. On examination (8-4-15 and 9-10-15 notes), there was bulky scarring on the right foot and tenderness in the posterior ankle and posterior lateral ankle and over the fibula. He had difficulty fitting the foot into a shoe and his orthopedic shoe was very worn. There was also a large scar on the left upper back that was the graft donor site for the right ankle and a new scar forming in the mid axillary line due to an abscess from overuse of a hot pack. Diffuse tenderness and superficial adhesions from the scar tissue was present and range of motion was painful. Left shoulder range of motion was approximately 75% of normal due to pain and stiffness in the left upper back. Treatments included heat and medication (with benefit), physical therapy. The urine drug test on 5-19-15 was positive for Gabapentin, Desmethyilitapentadol and Tapentadol. The IW was temporarily totally disabled. A Request for

Authorization was received for Norco 5-325mg, #60. The Utilization Review on 10-2-15 non- certified the request for Norco 5-325mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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: Based on the 9/18/15 progress report provided by the treating physician, this patient presents with constant, burning, shooting, radiating bilateral foot pain, left shoulder blade pain, and low back pain with numbness/tingling rated 8/10. The treater has asked for Norco 5/325mg, #60 on 9/18/15. The request for authorization was not included in provided reports. The patient is using a wheelchair for ambulation, and with medication can ambulate for short distances using a cane per 9/18/15 report. The patient has chronic right foot pain that limits weight bearing, and has difficulty fitting the foot into a shoe per 9/18/15 report. The patient also has ongoing pain in left shoulder region due to the graft scar per 8/8/18/15 report. The patient is s/p multiple (10+) surgeries, unspecified, per 9/18/15 report. The patient is s/p a recent fall from 5/14/15 with head concussion and right ankle sprain per 8/8/15 report. The patient is temporarily totally disabled and is to remain off work until 10/10/15 per 9/18/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states that "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, page 77, 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 for 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 that "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." MTUS, Opioids for Chronic Pain Section, page 81: "Nociceptive Pain: 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)." In this case, the patient was taking Nucynta as of 3/26/15 report, and switched to Norco on 8/8/15 report. The patient is currently taking Norco per requesting 9/18/15 report. MTUS requires appropriate discussion of all the

4A's; in addressing the 4A's, the treater does state that with opioid medication, the patient is able to ambulate with a cane for short distances. The treater does document that the patient's pain is reduced from 8/10 to 6/10 after taking Norco, but that the duration of pain relief varies per 9/18/15 report. The treater includes a 5/26/15 urine drug screen that shows positive for Tapentadol, Desmethylnorcodeine, and Pregabalin, which appears to be consistent with prescribed Nucynta and Lyrica. However, no CURES and no opioid contract provided in the documentation. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Long-term use of opiates may be indicated for nociceptive pain in certain situations as MTUS pg. 81 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)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. Long-term use of opiates is not supported for chronic low back pain. Therefore, the request is not medically necessary.