

Case Number:	CM15-0202139		
Date Assigned:	10/19/2015	Date of Injury:	02/04/2011
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 02-04-2011. He has reported injury to the low back. The diagnoses have included low back pain; lumbar spinal stenosis; lumbar radiculopathy; and chronic pain syndrome. Treatments have included medications, diagnostics, lumbar epidural steroid injection, and physical therapy. Medications have included Diclofenac Sodium, Norco, Zohydro ER, and Fortesta transdermal gel. A progress report from the treating provider, dated 04-10-2015, documented an evaluation with the injured worker. The injured worker reported low back pain, rated as 6 out of 10 in intensity on a scale of 1 to 10; his pain is the same as it was at the previous visit; he describes the pain as having an aching quality; the pain radiates to the bilateral buttocks; the medications are effective; lumbar epidural steroid injection was ineffective; and physical therapy was ineffective in relieving the pain. Objective findings included elevated blood pressure; alert; in no acute distress; cervical range of motion is within normal limits; and no joint or limb tenderness to palpation of the lower extremities. The treatment plan has included the request for retrospective Zohydro ER (Hydrocodone) ER, date of service: 04-10-15 #60; and retrospective Norco 10-325mg, date of service: 04-10-15 #30. The original utilization review, dated 10-13-2015, non-certified the request for retrospective Zohydro ER (Hydrocodone) ER, date of service: 04-10-15 #60; and modified the request for retrospective Norco 10-325mg, date of service: 04-10-15 #30, to Norco 10-325mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zohydro ER (Hydrocodone) ER DOS 4/10/15 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

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 67-year-old patient complains of low back pain radiating to bilateral legs, as per progress report dated 09/01/15. The request is for RETROSPECTIVE ZOHYDRO ER (HYDROCODONE) ER DOS 4/10/15 #60. There is no RFA for this case, and the patient's date of injury is 02/04/11. The patient is status post right knee arthroscopic surgery in 2006, as per progress report dated 09/01/15. Diagnoses included lumbar spinal stenosis and low back pain. Medications included Amlodipine, Diclofenac sodium, Norco, Zohydro, Misoprostol, Losartan, Lomotil, Lansoprazole, Fortesta gel, Flaxeed oil, Turmeric oil, Tekturna, Viagra, vitamins and Klor Con. The patient is retired, as per the same report. 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Zohydro is first noted in progress report dated 02/13/15. It is not clear when opioids were initiated. In progress report dated 09/01/15, the treater states that pain control is adequate and there are no "AE" (adverse effects) from opioids. The treater also mentions that there is not much difference between IR and ER opioids. In progress report dated 02/13/15, the treater states "reviewed UDT cautioned about drinking with the meds." The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

Retrospective Norco 10/325mg DOS 4/10/15 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

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 67-year-old patient complains of low back pain radiating to bilateral legs, as per progress report dated 09/01/15. The request is for RETROSPECTIVE NORCO 10/325mg DOS 4/10/15 #30. There is no RFA for this case, and the patient's date of injury is 02/04/11. The patient is status post right knee arthroscopic surgery in 2006, as per progress report dated 09/01/15. Diagnoses included lumbar spinal stenosis and low back pain. Medications included Amlodipine, Diclofenac sodium, Norco, Zohydro, Misoprostol, Losartan, Lomotil, Lansoprazole, Fortesta gel, Flaxeed oil, Turmeric oil, Tekturna, Viagra, vitamins and Klor Con. The patient is retired, as per the same report. 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 02/13/15. It is not clear when opioids were initiated. In progress report dated 09/01/15, the treater states that pain control is adequate and there are no AE (adverse effects) from opioids. The treater also mentions that there is not much difference between IR and ER opioids. In progress report dated 02/13/15, the treater states "reviewed UDT, cautioned about drinking with the meds." The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.