

Case Number:	CM15-0203984		
Date Assigned:	10/20/2015	Date of Injury:	04/11/2014
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 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 53 year old male, who sustained an industrial injury on 4-11-2014. The injured worker was being treated for lumbosacral musculoligamentous sprain and strain with right lower extremity radiculitis, cervical and trapezial musculoligamentous sprain and strain with left greater than right upper extremity radiculitis, and mid and lower thoracic musculoligamentous sprain and strain. Medical records (6-19-2015, 7-31-2015, and 9-11-2015) indicate ongoing cervical pain and ongoing low back pain and intermittent numbness and tingling radiating to the right lower extremity. The medical records show the subjective pain ratings were 5 out of 10 with medications and 8 out of 10 without medications on 6-19-2015 and 7-31-2015. The medical records show the duration of relief was 4-6 hours on 6-19-2015 and 4-5 hours on 7-31-2015. The medical records (9-11-2015) did not include documentation of the subjective pain ratings or duration of pain relief. The physical exam (6-19-2015, 7-31-2015) reveals tenderness to palpation with spasm and muscle guarding over the lumbar paravertebral muscles, lumbosacral junction, and the bilateral sacral iliac joints. There was decreased lumbar range of motion. The treating physician noted the cervical spine exam remained unchanged since the last exam. The physical exam (9-11-2015) reveals tenderness to palpation over the cervical and lumbar paravertebral muscles, right greater than left trapezius muscles, lumbosacral junction, and the bilateral sacral iliac joints. There was decreased cervical range of motion and decreased lumbar range of motion with pain. The urine drug screen (dated 7-29-2015) indicated negative findings for all drugs tested. The MRI of the cervical spine (dated 8-7-2015) stated there were "multilevel endplate degenerative changes" and a 1 mm midline disc bulges at C5-6

(cervical 5-6) resulting in mild effacement of the anterior thecal sac without central canal narrowing. Treatment has included at least 8 sessions of chiropractic therapy, a home exercise program, off work, a home electrical stimulation unit, and medications including Norco 5-325mg (since at least 6-2015), Fexmid, Omeprazole, and Naproxen. Per the treating physician (9-112015 report), the injured worker is temporary totally disabled. The requested treatments included Norco 5- 325mg and a TENS unit. On 10-13-2015, the original utilization review non-certified a TENS unit and modified a request for Norco 5-325mg #30 (original request for #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, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the

effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case, the injured worker is 53 years old and was injured in 2014. He is being treated for neck and low back pain with radicular symptoms. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of increased level of function, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. The current guidelines provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), - Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case, there is insufficient evidence of there is no evidence of a functionally based restoration plan. In addition, the request does not specify whether this is for rental or purchase. The guidelines only recommend a 1-month trial rental with documented evidence of functional improvement for longer rental/purchase. Therefore, the request is not medically necessary.