

Case Number:	CM15-0208542		
Date Assigned:	10/27/2015	Date of Injury:	08/21/2001
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 08-21-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, bilateral chronic regional pain syndrome, bilateral lower extremity radiculopathy with muscle wasting, intractable pain syndrome, reactive depression, and bilateral lower extremity neuropathic pain. Medical records (04-08-2015 to 09-25-2015) indicate ongoing severe low back pain with radiating pain into the left lower extremity (LLE), progressively worsening weakness in the LLE, and increased pain and swelling in the left knee. Pain levels were rated 8-10 out of 10 in severity on a visual analog scale (VAS) without medications, and reduced to 2 out of 10 with medications. Records also indicate increased activity with no change in level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-25-2015, revealed significant left quadriceps atrophy with loss of muscle tone and bulk, and ambulates with hyperextension of the left knee. Relevant treatments have included: lumbar fusion, failed spinal cord stimulator, physical therapy (PT), work restrictions, and pain medications (Norco and Dilaudid since at least 04-2015). The treating physician indicates that a signed opioid agreement is on file and that there were no aberrant drug behaviors noted. The request for authorization (09-25-2015) shows that the following medications were requested: Norco 10-325mg #180, and Dilaudid 4mg #120. The original utilization review (10-09-2015) non-certified the request for Norco 10-325mg #180, and Dilaudid 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has reportedly used Norco for over three years. There is a lack of continued objective evidence of functional improvement with prior use. Additionally, the most recent urine drug screen was inconsistent and revealed the use of illicit drugs. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #180 is determined to not be medically necessary.

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has reportedly used Dilaudid for over three years. There is a lack of continued objective evidence of functional improvement with prior use. Additionally, the most recent urine drug screen was inconsistent and revealed the use of illicit drugs. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Dilaudid 4mg #120 is determined to not be medically necessary.