

Case Number:	CM15-0209393		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2006
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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 48 year old male who sustained an industrial injury on 02-27-2006. According to a progress report dated 09-08-2015, the injured worker continued to have a "tremendous amount of pain" into his right lower extremity which was radicular in nature. The pain was debilitating over the last several months and he was awaiting a surgical consult to see if decompression may be helpful prior to implanting an intrathecal infusion pump. The provider noted that the injured worker had undergone extensive conservative management but remained symptomatic. He underwent a trial of lumbar spinal cord stimulator but was unable to tolerate the paresthesia effect. A trial of intrathecal Morphine provided excellent pain relief. He was scheduled for permanent implantation but it was cancelled due to an elevated blood pressure. He was rescheduled to undergo the implant on 01-29-2015 but it was cancelled due to an elevated INR of 2.2. He remained on Coumadin 10 mg twice a day. The pump implant had not been rescheduled since the injured worker had a rupture of the appendix on March 2015. He followed up with his internist who has cleared him to proceed with placement of the intrathecal pump. He was awaiting to be assigned to an orthopedic spine surgeon for the possibility of having a laminectomy or discectomy due to the appearance of severe central canal stenosis at L4-5. Medications included OxyContin 60 mg twice a day, Roxicodone 30 mg 6 tablets daily as needed, Norco 10-325 mg 8 tablets daily, Neurontin 600 mg three times a day, Prozac 20 mg twice a day, Prilosec 20 mg twice a day, Soma 350 mg three times a day and Lidoderm 5% patch. Medications prescribed by other providers included Lisinopril, Clonidine, Minoxidil, Lasix, Carvedilol, Amlodipine, Simvastatin, Coumadin and Xanax. His medical regimen allowed him some pain relief of about 28 to 30% and helped him function throughout the day

as best as he could. OxyContin was only on an as needed basis. His "mainstay" had been Roxicodone and Norco. Neurontin was slightly beneficial. He had significant problems with medication-induced gastritis even without anti-inflammatory use. Diagnoses included lumbar disc herniation with associated facet joint hypertrophy, herniated nucleus pulposus at L4-5 and L5-S1 with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression and anxiety, coronary artery disease status post coronary stents on Coumadin, uncontrolled severe hypertension, three level positive provocative discography, status post coronary bypass graft x 3 vessels, medication induced gastritis, right lateral epicondylitis industrially related and hypertension industrial related. A urine toxicology report dated 07-14-2015 was positive for Hydrocodone (Norco), Hydromorphone (Norco), alphahydroxyalprazolam (Xanax), Lorazepam (Ativan), Meprobamate (Soma) and Oxymorphone (OxyContin and Roxicodone). On 09-23-2015, Utilization Review non-certified the request for Norco 10-325 mg #220.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. 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." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, return to work, or increase in activity from the exam note of 9/8/15. Therefore the request is not medically necessary.

