MAXIMUS Federal Services

Case Number:	CM15-0212793		
Date Assigned:	11/02/2015	Date of Injury:	08/30/1995
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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 78-year-old male, with a reported date of injury of 08-30-1995. The diagnoses include lumbar disc degeneration, lumbar radiculopathy, and osteoarthritis of the left shoulder. The progress report dated 09-24-2015 indicates that the injured worker had ongoing complaints of low back pain. He indicated that the pain as severe, and rated the pain 9 out of 10. It was noted that the injured worker had difficulty sleeping at night due to his pain, and had difficulty performing his activities of daily living due to his pain. The injured worker stated that with medication, his pain was reduced from 9 out of 10 to 2 out of 10, and was able to perform activities of daily living with much less pain and more ease. The injured worker also complained of pain radiating down his legs and burning sensations and numbness and tingling in his legs, as well as intermittent muscle spasm. The objective findings include tenderness about the lower lumbar paravertebral musculature; forward flexion of the lumbar spine to 45 degrees; lumbar extension to 10 degrees; lateral bending of the lumbar spine to 30 degrees; negative bilaterally sitting straight leg raise test; and grossly intact strength in the lower extremities. On 08-13-2015, it was noted that the injured worker's pain was rated 7 out of 10 on average with medications; and 9-10 out of 10 on average without medications. The diagnostic studies to date have included a urine drug screen on 05-14-2015 with consistent findings for oxycodone, Noroxycodone, acetaminophen, and Gabapentin and inconsistent for buprenorphine; and a urine drug screen on 08-13-2015 with consistent findings for acetaminophen and Gabapentin, and inconsistent finding for buprenorphine, oxycodone, and Noroxycodone. Treatments and evaluation to date have included Baclofen, Gabapentin, Percocet, lumbar epidural steroid injection, Flexeril (caused

constipation), Tizanidine (caused hallucination), Celebrex (stopped), Soma (discontinued), Butrans patch, and Norco (since at least 09-2015). The treating physician requested Norco 10-325mg #120. On 10-09-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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, 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 a 78 year old male who was injured in 1995. He is being treated for chronic low back pain with

radiculopathy and left shoulder pain. He has been prescribed opioids since at least 4/1/15. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids. There is no official documents in the submitted records of 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.