

Case Number:	CM15-0212962		
Date Assigned:	11/02/2015	Date of Injury:	10/23/2013
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This injured worker is a 55 year old male who reported an industrial injury on 10-23-2013. His diagnoses, and or impressions, were noted to include: cervical, thoracic and lumbar pain; cervicgia; lumbar degenerative disc disorder without myelopathy; lumbar spinal stenosis without claudication; lumbar radiculopathy; radiculitis; sciatica; bilateral sacroiliac joint pain; infective myositis, multiple sites; and recurrent major depressive disorder with severe anxious distress. No imaging studies were noted. His treatments were noted to include: acupuncture treatments; injection therapy; a psychiatric evaluation for depression on 9-4-2015; medication management; and modified work duties which were noted to be unavailable. The progress notes of 4-6-2015 noted a lengthy discussion to explain the physician's concerns for his wanting to increase the quantity of Norco per day, along with lack of documentation of his returning every 3 months for Ativan and Norco; and the comfort level of the physician to only prescribe a 1 month supply of medications which was met with frustration by the injured worker. The progress notes of 9-23-2015 reported: a request for unchanged refills of Norco and Baclofen for unchanged, constant at 100% of the time, moderate mid-line lower to upper back, and across the lumbar spine, pain which radiated into the bilateral upper and lower extremities, was exacerbated by prolonged lying down-sitting, and all activities, and was alleviated by injections, rest, sitting and medications. The objective findings were noted to include: no acute distress. The physician's requests for treatment were noted to include the continuation of Norco and Baclofen without change; Norco 10-325 mg, 3 x a day as needed for pain, #90, from 11-23-2015 - 12-22-2015. The progress notes of 8-19-2015 noted Norco 10-325 mg, 3 x a day, #90, from 8-28-2015

to 9-26-2015. The Request for Authorization, dated 9-25-2015, was noted to include Norco 10-325 mg. The Utilization Review of 10-5-2015 non-certified the request for Norco 10-325 mg, #60 with no refills in order to continue the taper to ultimately discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1 tablet PO TID PRN pain count #60 with no refills: 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 nonadherent) 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 55 years old and was injured in 2011. He is being treated for neck, midback and lowback pain and has been prescribed opioids since at least 4/6/15. Based on the documentation there is insufficient

evidence to recommend the chronic use of opioids. There is no documentation of increased level of function, percentage of pain relief, 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.