MAXIMUS Federal Services

Case Number:	CM15-0218215		
Date Assigned:	11/10/2015	Date of Injury:	08/17/2005
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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 44 year old female who sustained an industrial injury on 08-17-2005. According to a progress report dated 10-05-2015, the injured worker was seen in follow up regarding complaints of pain to the bilateral shoulders and low back pain. Increased pain and weakness to the lower extremities since June was noted. Shoulder pain was rated 7-8 out of 10. Pain extended from her neck into the shoulders down the arms and into her hands. Tingling to both hands was noted. She reported low back pain that was rated 7-8 out of 10. She had burning pain through both legs with cramping. Pain radiated from the buttocks down to her ankles. Her legs felt weak and would often give out. She reported that she was out of Norco and Norflex. She continued with Trazodone 50 mg at night and Ultram ER 100 mg two times per day. When pain was less severe, the Tramadol reduced her pain sufficiently. Treatment to date has included 12 sessions of acupuncture with no relief, 20 sessions of chiropractic with no relief, 21 sessions of physical therapy with no relief and epidural steroid injections with 80% relief for six months. Current medications included Norco 5-325 mg as needed (reduced pain from 9 to 5 on pain scale), Ultram ER 100 mg as needed for pain (alleviated pain), and Norflex 100 mg every bedtime (reduced muscle spasms). Diagnoses included multilevel herniated nucleus pulposus of the cervical spine most significant at C5-6 with contact and distortion of the ventral surface of the cervical cord, herniated nucleus pulposus of the lumbar spine at L4-L5 with mild stenosis and annular fissure, facet arthropathy of the lumbar spine, myelopathy, right scapholunate ligamentous injury per MRI, bilateral shoulder impingement bursitis, cervical radiculopathy and lumbar radiculopathy. The treatment plan included Orphenadrine, Trazodone, Norco 5-325 mg #30 and Ultram ER 100 mg #60, follow-up in four weeks, urine drug screen and extension of authorization for C5-C6 lumbar epidural steroid injection. Disability status was noted as

permanent and stationary. Documentation submitted for review showed use of Norco dating back to March 2015. Urine toxicology reports were not submitted for review. On 10-28-2015, Utilization Review modified the request for Norco tab 5-325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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 worker is 44 years old and was injured in 2005. She is being treated for chronic shoulder and back pain. She has been prescribed opioids since at least 3/11/15. 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.