

Case Number:	CM15-0219097		
Date Assigned:	11/12/2015	Date of Injury:	08/06/2012
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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 36 year old male, who sustained an industrial injury on 8-6-2012. Diagnoses include low back pain, trochanteric bursitis, left hip, pain in the hip, and traumatic arthropathy. Treatments to date include activity modification, home exercise, and medication therapy. On 10-15-15, he complained of ongoing low back pain with radiation in to the left lower extremity. The record noted an event two weeks prior causing significant increased pain resulting in the presentation to the Emergency Department with complaints of severe back pain. He had been evaluated, diagnosed with sciatica, and treated with Hydromorphone and released. He reported taking up to six hydrocodone daily and using ice and symptoms were persisting. The record documented medication decreased pain and allowed for increased functional ability. The physical examination documented positive slump test and positive straight leg raise on the left side. There was a "significant forward and left-sided shift to his lumbar spine." There was an antalgic gait. The lumbar spine was tender with muscle spasms noted. Records indicated Norco 10-325mg, two tablets three times daily, was prescribed since at least 4-16-15. The plan of care included continuation of Hydrocodone with addition of Baclofen and Ibuprofen, a request for a lumbar MRI, and additional physical therapy. The appeal requested authorization for Norco 10-325mg, two tablets three times daily #180, Baclofen 10mg, one to two tablets three times daily #90, and Ibuprofen 800mg, one tablet three times daily #90, and a lumbar spine MRI, and sixteen (16) physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation ACOEM Chapter 6; Journal Practical Pain Management.

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 criteria for use.

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." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/15/15. Therefore the prescription is not medically necessary and the determination is for non-certification.