

Case Number:	CM15-0224734		
Date Assigned:	11/23/2015	Date of Injury:	07/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/16/2015

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 55 year old male, who sustained an industrial injury on 7-6-14. The injured worker was diagnosed as having abdominal wall sprain-strain; meralgia paresthetica; enthesopathy of hip region; bursitis of hip, gluteal tendinitis, iliac crest spur, psoas tendinitis. Treatment to date has included physical therapy; status post lateral facet release of the left hip (1-2015); status post lumbar left L5 diagnostic-therapeutic pars defect injection (6-12-15); status post groin injection (9-5-15); medications. Diagnostics studies included EMG-NCV study lower extremities (normal) (7-28-15); MRI pelvis (normal) (9-16-15). Currently, the PR-2 notes dated 10-9-15 indicated the injured worker returns for a follow-up visit. The provider documents "The patient assesses pain on a VAS at 5.5 out of 10. The patient is taking his medications as prescribed." The provider notes the injured worker had an EMG-NCV study of the lower extremities. It was normal. The notes indicate the injured worker was to possibly have an injection (Botox), then physical therapy. The provider's note is not clear on this subject. The note does however, indicate the injured worker is feeling worse over the last 2 weeks with shooting pain down the leg and is asking for a muscle relaxer. The provider notes no spasm per description of symptoms. The injured worker also wants something for sleep onset. Current medication is listed as Norco 10-325mg. The injured worker also had a recent MRI of the pelvis dated 9-16-15 which the provider reviewed and notes "no significant pathology related to the patient's complaint." On physical examination, the provider only notes "The patient is anxious. In wheelchair; with wife." The provider notes "Norco approximately 50 of 180 remain from his last prescription. It does not take the edge off. Now he claims the Norco, not the oxycodone,

causes urinary hesitancy and it was my idea to switch due to less dependency potential (true) only. Still admits hydrocodone just as good. The treatment plan includes a request for pain management and a consult with general surgery. PR-2 notes dated as far back as 4-14-15 indicate the injured worker had been taking and prescribed Norco 10-325mg. A Request for Authorization is dated 11-16-15. A Utilization Review letter is dated 10-27-15 and modified the certification for Norco 10-325mg #180 to allow #90 only. A request for authorization has been received for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 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 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 and this worker was injured over 1 year ago. In addition, the documentation reports that the worker is experiencing adverse effects from the medication. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.