

Case Number:	CM15-0225915		
Date Assigned:	11/24/2015	Date of Injury:	05/31/2006
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 5-31-2006. The injured worker was diagnosed as having status post C3-4 and C45 ACDF with residuals with bilateral upper extremity radiculopathy, status post L5-S1 ALIF with left lower extremity radiculopathy residual, bilateral knee internal derangement, bilateral ankle internal derangement, implant of lumbar spinal cord stimulator, medication induced gastritis, and status post Achilles tendon repair. Treatment to date has included diagnostics, cervical spinal surgery 2008, lumbar spinal surgery 2008, spinal cord stimulator 4-2015, physical therapy, right Achilles tendon repair surgery 8-11-2015, mental health treatment, trigger point injections, and medications. On 10-21-2015, the injured worker complains of ongoing low back pain with radiation down both lower extremities, rated 9 out of 10 (rated 7-8 on 9-21-2015), and continued neck pain with cervicogenic headaches and radicular symptoms into his upper extremities. He requested trigger point injections to both his neck and lower back, stating that on his last visit, the injections provided "a good week of benefit, enabling him to be more active and sleep better at night". He reported receiving post-operative physical therapy, which was beneficial with improved range of motion and strength in his right ankle. Current medications included Norco 10-325mg (one tab four times daily), which allowed him between 30-40% pain relief lasting 3-4 hours, Anaprox, Prilosec, Gabapentin, Paxil, Soma, and Ambien. Pharmacological assessment and management was documented. The use of Norco was noted since at least 4-2015. Exam of the cervical spine noted tenderness to palpation, multiple trigger points and taut bands, decreased range of motion, strength 5 of 5, and non-focal and symmetrical sensory exam. Exam of the lumbar spine noted

tenderness to palpation, trigger points and taut bands throughout, decreased range of motion, strength 4 of 5 in the left L5-S1, 1+ Achilles reflex bilaterally, and decreased sensation along the posterior lateral thigh and lateral calf. Straight leg raise was positive on the left. Exam of the right knee noted tenderness and soft tissue swelling, 2+ edema of the lower extremity, and right calf redness and tenderness. Urine toxicology was conducted and positive for opiates, "consistent with his current medical regimen". Prior toxicology testing was noted on 8-31-2015 and was positive for muscle relaxants and opiates. The treatment plan included medication refills. Work status was total temporary disability. On 11-04-2015 Utilization Review non-certified a request for one urine drug screen and 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 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) 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 California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids .The patient was on opioids at the time of request and therefore the request is medically warranted.