

Case Number:	CM15-0084222		
Date Assigned:	05/06/2015	Date of Injury:	10/21/2000
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 61-year-old male with an October 21, 2000 date of injury. At the time (March 30, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (chronic lower back pain that is currently worse; depression; inability to sleep), objective findings (unable to test muscle stretch reflexes on left and right medial hamstring; decreased strength of left EHL; decreased sensation to light touch and pin prick if the posterior calf and posterior thigh on the left side), and current diagnoses (left L5 versus S1 radiculopathy; lumbar spondylosis without myelopathy; myofascial pain syndrome; axial low back pain; opioid intolerance, opioid-induced hyperalgesia). Treatments to date included medications (currently taking Lyrica, Vicodin, and Omeprazole), chiropractic treatments, physical therapy, and multiple injections. The treating physician documented a plan of care that included chiropractic treatments, Norco, and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, hydrocodone, medications for chronic pain Page(s): 88-90,76-78, 60-61.

Decision rationale: The patient was injured on 10/21/2000 and presents with chronic low back pain. The request is for NORCO 5/325 MG #60 WITH 1 REFILL. There is no RFA provided and the patient is not currently working. None of the reports provided mention Norco. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Norco is not discussed in any of the reports provided. The most recent report provided from 03/30/15 indicates that the patient is taking Hydrochlorothiazide, Symbicort, Metformin, Lyrica, Simvastatin, Vicodin, Omeprazole, Lidoderm Patches, and Aspirin. Reports show that although Vicodin is listed as an opiate, there is lack of documentation of the four A's required for ongoing use of opiates. The provider does not indicate why Norco is being prescribed. There is lack of documentation that previous opiates have worked or not worked and the reasons for switch. MTUS allows for different medications to be tried but in this situation, there is lack of documentation that previous meds either failed or poorly tolerated. Given that the patient already has tried other opiates without documentation of efficacy, it does not appear reasonable to try another opiate. The requested Norco IS NOT medically necessary.

Vicodin #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient was injured on 10/21/2000 and presents with chronic low back pain. The request is for VICODIN #45. There is no RFA provided and the patient is not currently working. Progress reports are provided from 04/21/14 to 03/30/15. The patient has been taking Vicodin as early as 04/21/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) states, "pain should

be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient had a urine drug screen conducted on 07/21/14 and 10/28/14 and was consistent with his prescribed medications. The 10/27/14 report states that the patient has "no aberrant behavior and is getting some analgesia from the medicine and some improved functional activities." The 03/30/15 report states that the "patient continues to have no aberrant behavior with the medication. His activities of daily living continue to be improved with opioid dependence." Although the treater indicates that the patient does not have any side effects/aberrant behavior, not all 4 As are addressed as required by MTUS Guidelines. The treater does not provide any before and after pain scales. There are no examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. The patient had a urine drug screen conducted on 07/21/14 and 10/28/14. However, there are no outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Vicodin IS NOT medically necessary.