

Case Number:	CM14-0147445		
Date Assigned:	09/15/2014	Date of Injury:	01/17/2014
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an industrial injury on 1/17/2014 when he was involved in a written collision when he had parked and was unbelted and was pushed forward than backward with the impact. The patient reported headaches. The patient was initially seen at [REDACTED], had x-rays, medication was off work for 10 days. Patient was in transferred to another physician where he received pain medications and physical therapy for neck and back strain. The patient was released a modified work, however, modified work not be accommodated. Chiropractic care was provided for the diagnoses of lumbar disc displacement; cervical disc displacement; and left thumb strain. The patient was noted to have had a prior motor vehicle accident during 2013, with a reported injury to the neck and back. The patient received chiropractic care/physiotherapy the patient was referred to internal medicine physician. The patient was then diagnosed with hypertension, insomnia, and headaches for which the patient received a prescription for hydrocodone-APAP 10/325 mg #120; Ambien; Fioricet; and Losartan 50/12.5 m/day. An orthopedic spine surgeon evaluation indicated that the patient was not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Losartan HCT 50/12.5mg: qd Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

Decision rationale: There was no rationale supported with objective evidence documented by the treating physician to support the medical necessity of the prescribed Hyzaar/Losartan HCTZ for the treatment of the effects of the industrial injury. The prescribed medication is directed to the treatment of hypertension based on the documentation of one blood pressure reading. There is no provided nexus to the cited mechanism of injury for the prescription of this medication. There was no demonstrated medical necessity for the prescribed Losartan HCTZ for the effects of the industrial injury. There is no demonstrated medical necessity for the prescription of Losartan HCTZ for the treatment of neck and lower back pain. There is no demonstrated medical necessity for the prescription of Losartan HCTZ after one blood pressure reading instead of the recommended three separate readings. The patient was not started on a first line anti-hypertensive to control the underlying comorbidity of Hypertension. Hydrochlorothiazide is a thiazide diuretic that helps prevent your body from absorbing too much salt, which can cause fluid retention. Losartan is an angiotensin II receptor antagonists. Losartan keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. The combination of hydrochlorothiazide and losartan is used to treat high blood pressure (hypertension). It is also used to lower the risk of stroke in certain people with heart disease. There was no demonstrated medical necessity for the prescribed Hyzaar/Losartan HCTZ 50/12.5 mg #60.

Norco 10/325mg ; q8h Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter-opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #90 with refill x1 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 11 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain and knee pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 11 years s/p DOI with reported continued issues postoperatively; however, there is no rationale

supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #90 with refill x1 is not demonstrated to be medically necessary.