

Case Number:	CM15-0013585		
Date Assigned:	02/02/2015	Date of Injury:	03/07/2002
Decision Date:	03/26/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/23/2015

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 52 year old man sustained an industrial injury on 3/7/2002. The mechanism of injury was not detailed. Current diagnoses include intractable back pain with a history of degenerative disc disease, bilateral lower extremity radiculopathy, primarily in L4 region, left elbow pain, and failed spinal cord stimulator trial. Treatment has included oral medications, lumbar epidural steroid injection, and implantation of a dorsal column stimulator. Physician notes dated 1/7/2015 show persistent pain to the right arm from the elbow to the hand and in the bilateral low back and down both legs to the feet rated 7/10 without medications and 5/10 with medications. The worker states that without his medications, he would not be able to care for his family and home or access the local community. Recommendations are to refill the medications in dispute. On 1/17/2015, Utilization Review evaluated prescriptions for Norco 10/325 mg #120 and Kadian ER 100 mg #30, that were submitted on 1/23/2015. The rationale was not included as part of the UR. However, the Kadian was denied and the Norco was modified. MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain in the right arm from the elbow to the hand and in the bilateral low back and down both legs to the feet rated 7/10 without medications and 5/10 with medications. The request is for 1 PRESCRIPTION OF NORCO 10/325MG, #120. The RFA provided is dated 01/07/15. Patient is status-post dual percutaneous dorsal column stimulator therapy with stim lead placement X2 on 05/1914. Patient's diagnosis included intractable back pain with a history of degenerative disc disease, bilateral lower extremity radiculopathy, primarily in L4 region, left elbow pain, and failed spinal cord stimulator trial. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the date of Norco initiation is not known. Per the progress report dated 01/07/15, treater states: "medications reduce his pain level significantly, allowing him to remain active in caring for his family and home. They improve his functional independence for activities of daily living and his ability to access the local community." With medication, the patient is able to walk, sit, stand, and sustain activity for 30-45 minutes. The patient "denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed..." and "the patient's prescriptions are from a single practitioner and are taken as directed. The lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects..." In this case, given the patient's pain reduction, improved functionality, and other documentation regarding opiates management, the request IS medically necessary.

1 prescription of Kadian ER 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the right arm from the elbow to the hand and in the bilateral low back and down both legs to the feet rated 7/10 without medications and 5/10 with medications. The request is for 1 PRESCRIPTION OF KADIAN ER 100 mg #30. The RFA provided is dated 01/07/15. Patient is status-post dual percutaneous dorsal column stimulator therapy with stim lead placement X2 on 05/1914. Patient's diagnosis included

intractable back pain with a history of degenerative disc disease, bilateral lower extremity radiculopathy, primarily in L4 region, left elbow pain, and failed spinal cord stimulator trial. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the date of KADIAN initiation is not known. Per the progress report dated 01/07/15, treater states: "medications reduce his pain level significantly, allowing him to remain active in caring for his family and home. They improve his functional independence for activities of daily living and his ability to access the local community" With medication, the patient is able to walk, sit, stand, and sustain activity for 30-45 minutes. The patient "denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed..." and "the patient's prescriptions are from a single practitioner and are taken as directed" In this case, given the patient's pain reduction, improved functionality, and other documentation regarding opiates management, the request IS medically necessary.