

Case Number:	CM15-0114498		
Date Assigned:	06/22/2015	Date of Injury:	11/27/1996
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 62-year-old male who sustained an industrial injury on 11/27/96. Initial complaints and diagnoses are not available. Treatments to date include back surgery, medications, physical therapy, aqua therapy, and a cane. Diagnostic studies include a MRI of the lumbar spine on 08/05/13. Current complaints include back pain. Current diagnoses include chronic low back pain, failed back surgery, back pain with radiculopathy, myalgia, xerostomia, bilateral shoulder impingement syndrome, anxiety, depression, and insomnia. In a progress note dated 05/27/15 the treating provider reports the plan of care as exercise, aqua therapy, and medications including Lidoderm, Thermophore pads, Diphenhydramine, terazosin, Zonegran, Effexor, Zanaflex, naproxen, Cymbalta, Ambien, Norco, Duragesic patches, Baclofen, Capsaicin, patches, and Hydroxyzine. The requested treatments include Norco and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of Norco 10-325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management and Opioids for chronic pain Page(s): 86 and 78-80 and 80-83.

Decision rationale: 180 Tablets of Norco 10-325 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily, which is not supported by the MTUS. The documentation indicates that the patient has been on long-term opioids for chronic low back pain, which is not supported by the MTUS. The MTUS additionally recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal increased function despite long-term opioids. The documentation indicates that the patient has adverse side effects xerostomia and low testosterone from chronic opioid use. For all of these reasons the request to continue opioids is not supported and not medically necessary.

15 Duragesic Patches 75 mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management and Opioids for chronic pain Page(s): 86 and 78-80 and 80-83.

Decision rationale: 15 Duragesic Patches 75 mcg/hr is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily, which is not supported by the MTUS. The documentation indicates that the patient has been on long-term opioids for chronic low back pain, which is not supported by the MTUS. The MTUS additionally recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal increased function despite long-term opioids. The documentation indicates that the patient has adverse side effects xerostomia and low testosterone from chronic opioid use. For all of these reasons the request to continue opioids is not supported and not medically necessary.

30 Duragesic Patches 100 mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management and Opioids for chronic pain Page(s): 86 and 78-80 and 80-83.

Decision rationale: 30 Duragesic Patches 100 mcg/hr is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily, which is not supported by the MTUS. The documentation indicates that the patient has been on long-term opioids for chronic low back pain, which is not supported by the MTUS. The MTUS additionally recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal increased function despite long-term opioids. The documentation indicates that the patient has adverse side effects xerostomia and low testosterone from chronic opioid use. For all of these reasons the request to continue opioids is not supported and not medically necessary.