

Case Number:	CM15-0114561		
Date Assigned:	06/22/2015	Date of Injury:	12/29/1994
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
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: Massachusetts

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

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 65 year old male who sustained an industrial injury on 12/29/1994. Diagnoses include chronic low back pain, chronic pain syndrome, and high-risk medication management. Treatment to date has included diagnostic studies, medications, and a lumbar fusion. His medications include Norco, OxyContin, Flexeril and Neurontin. The injured worker is disabled. A physician progress note dated 05/15/2015 documents the injured worker complains of chronic low back pain. He reports his symptoms have worsened. He feels his pain is not controlled at this time. He rates his pain as 10, with 1 being mild and 10 being severe, the worst pain the patient has ever experienced. In the last 30 days his worst pain has been a 10, and most of the time his pain is 9. His pain is constant, moderate in intensity, aching, burning, dull and sharp and it radiates down his legs bilaterally. Depression screening is positive for an anxious mood, decreased appetite, sadness, depressed mood and weight loss. He ambulates with a limp and he uses a cane. The cervical spine is tender to palpation. The lumbar spine is tender to palpation and reduced range of motion in all directions. He has tenderness to palpation in his left knee and crepitus is noted in the joint with flexion and extension. The treatment plan includes Zohydro ER which was switched from OxyContin due to its being discontinued and a follow up in one month. Treatment requested is for Norco (Hydrocodone / Acetaminophen) 10/325mg #60, Zohydro ER (Hydrocodone) 15mg #60. The injured worker is a 65 year old male, who sustained an industrial injury on December 29, 1994, incurring low back injuries. He was diagnosed with lumbar disc disease, lumbar radiculopathy. Treatment included pain medications, neuropathic medications, muscle relaxants, and work modifications with

restrictions. The injured worker underwent a spinal lumbar fusion. Currently, the injured worker complained of continued chronic low back pain and spasms rating his pain a 9 on a pain scale of 1 to 10. He complained of aching cramping and sharp pain radiating into the lower extremities. The injured worker noted that with his pain medications he had improved quality of sleep and better coping with activities of daily living such as household chores, preparing meals and family life. The treatment plan that was requested for authorization included prescriptions for Norco and Zohydro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone / Acetaminophen) 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1994 and continues to be treated for chronic radiating back pain. When seen, pain was rated at 9- 10/10. He was limping and was using a cane. There was decreased spinal range of motion and pain with palpation. There was left knee joint line tenderness with crepitus. Medications being prescribed were Norco and OxyContin at a total MED (morphine equivalent dose) of 65 mg per day. OxyContin was discontinued and Zohydro ER was substituted. The total MED was now 50 mg per day. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there is no documentation that this medication is providing decreased pain by VAS score levels and medications were adjusted to a lower MED at the time of this request. Continued prescribing was not medically necessary.

Zohydro ER (hydrocodone) 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1994 and continues to be treated for chronic radiating back pain. When seen, pain was rated at 9- 10/10. He was limping and was using a cane. There was decreased spinal range of motion and pain with palpation. There was left knee joint line tenderness with crepitus. Medications being prescribed were Norco and OxyContin at a total MED (morphine equivalent dose) of 65 mg per day. OxyContin was discontinued and Zohydro ER was substituted. The total MED was now 50

mg per day. Zohydro ER (sustained release Hydrocodone) is used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there is no documentation that medications were providing decreased pain by VAS score levels and medications were adjusted to a lower MED at the time of this request. Prescribing Zohydro ER was not medically necessary.