

Case Number:	CM15-0116992		
Date Assigned:	06/25/2015	Date of Injury:	03/25/1999
Decision Date:	08/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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:

The injured worker is a 69 year old male who sustained an industrial injury on 3/25/99. He had complaints of pain in his left hip area. Follow up progress note dated 4/21/15 reports past surgery; lumbar discectomy 2000 and diagnoses of arthritis and chronic pain syndrome. Exam assessment includes: low back pain, lumbar disc degeneration, reported history of, lumbar spondylosis, post laminectomy syndrome, sciatica - clinically left L5 vs. S1 and chronic pain syndrome. Plan of care includes: continue medications; Norco 7.5/325 mg, 1-2 per day as needed for pain, 30 days no refills, Norco 7.5/325 mg, 1-2 per day as needed for pain, do not fill until 5/21/15, 30 days no refills, Norco 7.5/325 mg, 1-2 per day as needed for pain, do not fill until 6/20/15, 30 days no refills. Continue home exercises, reviewed diagnostic studies, will monitor drug screens for compliance, he is a candidate, when ready, for epidural steroid injection with pulsed radio-frequency procedure, continue with supportive care. Work status: unemployed. Follow up in 3 months or sooner if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 7.5/325mg #45. The RFA is dated 05/03/15. Treatment history includes lumbar discectomy in 2000, epidural injections, EMG for the left lower extremity, physical therapy and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 04/21/15, the patient presents with low back pain and left leg pain with radiation to the left buttock, posterior thigh and sole of the foot with numbness and tingling. Examination revealed mildly restricted ROM, pain through the lumbosacral spine with range of motion, decreased sensation in the entire left leg and reduced strength. This patient has been prescribed Norco since at least 10/27/14. His current medications include Norco 7.5-325mg, Rantidine HCl, Senna, and tramadol 50mg. He's had a lumbar discectomy in 2000, and noted that surgery was "helpful, but did not completely resolve the symptoms." With the use of medications, he is able to work in the garden, do housework and work on his car. Without medications, his pain becomes intolerable. He reported most severe pain without meds as 9/10 and with meds his pain is decreased to 5/10. The treating physician noted that the patient uses Norco infrequently, on an as needed basis, to increase function. UDS are administered as needed to monitor compliance; the patient noted constipation as a side effect. In this case, it appears the patient's functional levels are impacted without the use of medications. The treating physician has documented and addressed all the 4As as required by MTUS for opiate management. Continued use has been substantiated and the requested medication IS medically necessary.

Norco 7.5/325mg DNF until 05/21/15 #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 7.5/325mg DNF until 05/21/15 #45. The RFA is dated 05/03/15. Treatment history includes lumbar discectomy in 2000, epidural injections, EMG for the left lower extremity, physical therapy and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 04/21/15, the patient presents with low back pain and left leg pain with radiation to the left buttock, posterior thigh and sole of the foot with numbness and tingling. Examination revealed mildly restricted ROM, pain through the lumbosacral spine with range of motion, decreased sensation in the entire left leg and reduced strength. This patient has been prescribed Norco since at least 10/27/14. His current medications include Norco 7.5-325mg, Rantidine HCI, Senna, and tramadol 50mg. He's had a lumbar discectomy in 2000, and noted that surgery was "helpful, but did not completely resolve the symptoms." With the use of medications, he is able to work in the garden, do housework and work on his car. Without medications, his pain becomes intolerable. He reported most severe pain without meds as 9/10 and with meds his pain is decreased to 5/10. The treating physician noted that the patient uses Norco infrequently, on an on needed basis, to increase function. UDS are administered as needed to monitor compliance; the patient noted constipation as a side effect. In this case, it appears the patient's functional levels are impacted without the use of medications. The treating physician has documented and addressed all the 4As as required by MTUS for opiate management. Continued use has been substantiated and the requested medication IS medically necessary.

Norco 7.5/325mg DNF until 06/20/15 #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 7.5/325mg DNF until 06/20/15 #45. The RFA is dated 05/03/15. Treatment history includes lumbar discectomy in 2000, epidural injections, EMG for the left lower extremity, physical therapy and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 04/21/15, the patient presents with low back pain and left leg pain with radiation to the left buttock, posterior thigh and sole of the foot with numbness and tingling. Examination revealed mildly restricted ROM, pain through the lumbosacral spine with range of motion, decreased sensation in the entire left leg and reduced strength. This patient has been prescribed Norco since at least 10/27/14. His current medications include Norco 7.5-325mg, Rantidine HCl, Senna, and tramadol 50mg. He's had a lumbar discectomy in 2000, and noted that surgery was "helpful, but did not completely resolve the symptoms." With the use of medications, he is able to work in the garden, do housework and work on his car. Without medications, his pain becomes intolerable. He reported most severe pain without meds as 9/10 and with meds his pain is decreased to 5/10. The treating physician noted that the patient uses Norco infrequently, on an as needed basis, to increase function. UDS are administered as needed to monitor compliance; the patient noted constipation as a side effect. In this case, it appears the patient's functional levels are impacted without the use of medications. The treating physician has documented and addressed all the 4As as required by MTUS for opiate management. Continued use has been substantiated and the requested medication IS medically necessary.

Tramadol 50mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The current request is for Tramadol 50mg #45. The RFA is dated 05/03/15. Treatment history includes lumbar discectomy in 2000, epidural injections, EMG for the left lower extremity, physical therapy and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According

to progress report 04/21/15, the patient presents with low back pain and left leg pain with radiation to the left buttock, posterior thigh and sole of the foot with numbness and tingling. Examination revealed mildly restricted ROM, pain through the lumbosacral spine with range of motion, decreased sensation in the entire left leg and reduced strength. Reports as early as 01/15/15 mention that the patient is using Tramadol. His current medications include Norco 7.5-325mg, Rantidine HCl, Senna, and tramadol 50mg. He's had a lumbar discectomy in 2000, and noted that surgery was "helpful, but did not completely resolve the symptoms." With the use of medications, he is able to work in the garden, do housework and work on his car. Without medications, his pain becomes intolerable. He reported most severe pain without meds as 9/10 and with meds his pain is decreased to 5/10. The treating physician noted that the patient uses Norco infrequently, on an as needed basis, to increase function. He alternatively uses Tramadol when needed for less sedation. UDS are administered as needed to monitor compliance, and the patient noted constipation as a side effect. In this case, it appears the patient's functional levels are impacted without the use of medications. The treating physician has documented and addressed all the 4As as required by MTUS for opiate management. Continued use has been substantiated and the requested medication IS medically necessary.