MAXIMUS Federal Services

Case Number:	CM15-0117067		
Date Assigned:	06/25/2015	Date of Injury:	11/29/2004
Decision Date:	08/04/2015	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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old male, who sustained an industrial injury on 11/29/2004. The injury occurred when he was delivering kegs at work and caught a falling beer keg. He reported injury to his back. Treatment to date has included epidural steroid injection, surgeries, physical therapy, medications, MRI and neurodiagnostic studies. According to a progress report dated 04/13/2015, the injured worker reported low back pain radiating to the left lower extremity. Pain level was noted as the same. Associated symptoms included weakness. Activities of daily living were noted as improved with medication. Diagnoses included chronic pain syndrome and lumbar post laminectomy syndrome. The treatment plan included hydrocodone 10mg/ acetaminophen 325mg one tablet every 4 hours by oral route for 30 days quantity 180 with no refills and Fentanyl 50mcg/hour transdermal patch apply one patch every 48 hours by transdermal route quantity 15 with no refills. The provider noted that two prescriptions of Fentanyl patch and Norco were written at each visit since he typically seen the injured worker every two months. More recently, the toxicology screen had been positive for marijuana, necessitating that he see him every month unless he stopped taking the marijuana. The injured worker did have a marijuana card. The provider noted that the injured worker was taking more than the 120 mg morphine equivalent, but the injured worker was working and the medications allowed him to function. He had tried to decrease his opioid intake in the past, which led to decrease in level of function. Because he was working full time, the provider elected to keep his pain medication regimen at this level. His preliminary electromyography could not explain the ongoing weakness in the lower extremity. The weakness developed about the same time that a

facet cyst was identified. He was not a surgical candidate. A spinal cord stimulator was noted to be another option in order to reduce opioid intake. A request for authorization dated 04/18/2015 was submitted for review. The requested services included hydrocodone 10mg/acetaminophen 325mg one tablet every 4 hours by oral route for 30 days quantity 180 with no refills and Fentanyl 50mcg/hour transdermal patch apply one patch every 48 hours by transdermal route quantity 15 with no refills. On 04/28/2015, Utilization Review modified the request for 1 prescription of Hydrocodone-Acetaminophen 10/325mg # 180 to #135. According to an initial office visit report dated 05/13/2015, the injured worker was seen for a refill of chronic analgesia. The provider noted that the injured worker was initially on Norco 10mg, 6 to 8 tablets per day, then Fentanyl was added in 2007. Symptoms included ongoing low back pain with left sciatica. Left lower extremity pains with associated numbness had been present for 5 years. Neurontin had not been approved. Assessment included low back pain. Medications included Fentanyl 50mcg/hour apply 1 patch by transdermal route every 48 hours and Norco 10mg-325mg one tablet by oral route every 4-6 hours as needed for pain. Currently under review is the request for Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The treating physician does not document current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, and how long it takes for pain relief, how long pain relief lasts and improvement in pain. As such, the request for Norco 10/325mg #180 is not medically necessary.