

Case Number:	CM15-0117078		
Date Assigned:	06/25/2015	Date of Injury:	03/02/2011
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
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: 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 67 year old female, who sustained an industrial injury on 03/02/2011. She reported sustaining injuries with pain after a fall at work. The injured worker was diagnosed as having low back pain with bilateral lumbar radiculopathy following the lumbar four and lumbar five dermatome distribution and status post failed lumbar spine surgery syndrome. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the lumbar spine, psychotherapy, interventional injections, above noted procedure, and medication regimen. In a progress note dated 05/14/2015 the treating physician reports complaints of sharp to at times burning pain to the low back and bilateral lower extremities along with associated symptoms of sleep disturbance secondary to pain. Examination reveals a slow, stiff gait, restricted lumbar range of motion, tenderness to the lumbar incision site through the bilateral lumbar four and five transverse processes, limited motor strength to the extensor muscles, and inability to rock heel to toe. The injured worker's medication regimen through the treating physician included Norco, Hydromorphone Extended Release, Senna S, and Lidocaine Patches. The treating physician also noted a non-clinic medication regimen of Celebrex, Estradiol, Exalgo (Hydromorphone), Famotidine, Hydrocodone/Acetaminophen (Norco), Lidocaine Patch, Lisinopril, Potassium, Senna S, Sertraline, Terazosin, Voltaren Gel, and Warfarin. The injured worker noted that the her medication regimen allows her to perform basic chores with rest intervals throughout the day, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication

regimen. The treating physician requested the medications of Hydromorphone extended release 12mg 1 tablet daily with a quantity of 30 and Norco 10/325 mg 1 tablet by mouth every four hours with a quantity of 120 noting prior use of these medications as indicated above. A 7/8/15 patient letter notes that her pain has increased even with the medication she is on. She is unable to do what she could 6 months ago because the pain has been intolerable. Since 6/15/15, she was taken off one of her Norco tablets and notices that her pain is not low enough for her to complete her household duties and sleeping is difficult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone extended release 12 mg 1 tablet QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 78-80, 91, 124.

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

Decision rationale: Hydromorphone extended release 12 mg 1 tablet QD #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that for chronic back pain long-term opioids appears 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 submitted does not reveal the above recommended MTUS pain assessment or that long term opioids have provided significant objective increase in the patient's function or significant improvement in pain. Therefore, the request for Hydromorphone extended release is not medically necessary.

Norco 10/325 mg 1 tablet PO every 4 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 78-80, 91, 124.

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

Decision rationale: Norco 10/325 mg 1 tablet PO every 4 hours #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported

pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that for chronic back pain long term opioids appears 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 submitted does not reveal the above recommended MTUS pain assessment or that long term opioids have provided significant objective increase in the patient's function or significant improvement in pain. Therefore, the request for Norco is not medically necessary.