

Case Number:	CM15-0117936		
Date Assigned:	06/26/2015	Date of Injury:	02/10/1994
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49-year-old male, who sustained an industrial injury on 2/10/1994, resulting from a fall. The injured worker was diagnosed as having chronic pain syndrome, low back pain, lumbar radiculopathy, left lower extremity, lumbar post-laminectomy syndrome, lumbar spinal fusion, and lumbar disc displacement. Treatment to date has included diagnostics, surgical intervention, and medications. On 4/06/2015, the injured worker complained of low back pain (for approximately 15 years), with radiation down both legs. Pain was rated 8/10 and continuous. He described his pain as numbness, pins and needles, stabbing hip and left leg, and aggravated by daily activities. He reported 40% relief with medication use and denied side effects. Current medications included Ibuprofen, Lidoderm patch, Lisinopril, Morphine (30mg every 8 hours as needed), Naproxen, Norco (10/325mg twice daily as needed), Opana ER (40mg every 12 hours as needed), Percocet (10/325mg daily as needed), Roxicodone (15mg four times daily as needed), and Soma. His work status was "disabled" and he was not working. A review of symptoms noted insomnia and anxiety disorder. His blood pressure was elevated. The use of the current requested medications was noted since at least 12/2014, with consistent pain levels noted. His pain level was unchanged on a subsequent visit dated 5/04/2015. Urine toxicology (2/03/2015) appeared inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #60, date of service 04/06/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 10/325mg # 60 date of service April 6, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; low back pain; lumbar radiculopathy left lower extremity; lumbar post laminectomy syndrome; lumbar spine fusion; and lumbar disc displacement. The date of injury is February 10, 1994 (21 years prior). The medical record contains 53 pages. The earliest progress note in the medical record is dated December 4, 2014. The injured worker has ongoing back pain the pain scale of 8/10. Medications include ibuprofen 800 mg, naproxen 500 mg, Opana ER 40 mg, Norco 10/325mg, Percocet 10/325, Roxicodone 15 mg, and Soma 350 mg. The injured worker is taking multiple opiate medications including Opana, Norco 10/325, Percocet 10/325 and the Roxicodone. There is no clinical rationale for the medical record for taking four opiate-based medications. There are no detailed pain assessments in the medical record. There are no detailed risk assessments in medical record. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. Reportedly, there was a recommendation to wean Roxicodone. Consequently, absent clinical documentation with the clinical rationale for taking #4 opiate-based medications, detailed pain assessments, risk assessments and documentation demonstrating objective functional improvement to support ongoing Norco, retrospective Norco 10/325mg # 60 date of service April 6, 2015 is not medically necessary.

Retrospective request for Naproxen 500mg #60, date of service 04/06/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Naproxen 500 mg #60 date of service April 6, 2015 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to high road to the right into terms severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX- 2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are chronic pain syndrome; low back pain; lumbar radiculopathy left lower extremity; lumbar post laminectomy syndrome; lumbar spine fusion; and lumbar disc displacement. The date of injury is February 10, 1994 (21 years prior). The medical record contains 53 pages. The earliest progress note in the medical record is dated December 4, 2014. The injured worker has ongoing back pain the pain scale of 8/10. Medications include ibuprofen 800 mg, naproxen 500 mg, Opana ER 40 mg, Norco 10/325mg, Percocet 10/325, Roxicodone 15 mg, and Soma 350 mg. There was no clinical documentation with the rationale for taking two non-steroidal anti-inflammatory drugs concurrently. Ibuprofen and naproxen serve the same purpose. Additionally, non-steroidal anti- inflammatory drugs are recommended at the lowest dose for the shortest period. Consequently, absent clinical documentation with a clinical indication and rationale for using two non-steroidal anti-inflammatory drugs concurrently, retrospective Naproxen 500 mg #60 date of service April 6, 2015 is not medically necessary.

Retrospective request for Opana ER 40mg #60, date of service 04/06/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Oxymorphone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Opana ER 40 mg #60 date of service April 6, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; low back pain; lumbar radiculopathy left lower extremity; lumbar post laminectomy syndrome; lumbar spine fusion; and lumbar disc displacement. The date of injury is February 10, 1994 (21 years prior). The medical record contains 53 pages. The earliest progress note in the medical record is dated December 4, 2014. The injured worker has ongoing back pain the pain scale of 8/10. Medications include ibuprofen 800 mg, naproxen 500 mg, Opana ER 40 mg, Norco 10/325mg, Percocet 10/325, Roxicodone 15 mg, and Soma 350 mg. The injured worker is taking multiple opiate medications including Opana, Norco 10/325, Percocet 10/325 and the Roxicodone. There is no clinical rationale for the medical record for taking four opiate-based medications. There are no detailed pain assessments in the medical

record. There are no detailed risk assessments in medical record. There is no documentation demonstrating objective functional improvement to support ongoing Opana ER 40mg. Reportedly, there was a recommendation to wean Roxicodone. Consequently, absent clinical documentation with the clinical rationale for taking #4 opiate-based medications, detailed pain assessments, risk assessments and documentation demonstrating objective functional improvement to support ongoing Opana ER, retrospective Opana ER 40mg # 60 date of service April 6, 2015 is not medically necessary.