

Case Number:	CM15-0121607		
Date Assigned:	07/02/2015	Date of Injury:	03/05/2004
Decision Date:	08/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 61 year old male, who sustained an industrial injury on March 5, 2004. He reported he was a restrained driver in a motor vehicle accident, sustaining injuries to his back, arm, leg, and neck. The injured worker was diagnosed as having chronic low back pain, status post lumbar reconstruction L5-S1 in 2009, status post L5-S1 reconstruction revision in 2010, status post L5-S1 lumbar fusion in 2010, status post L5-S1 reconstruction in 2010, ongoing right greater than left low back pain with right greater than left lower extremity pain and paresthesias, and neck pain with right upper extremity pain and paresthesias. Treatments and evaluations to date have included lumbar spine surgeries, electromyography (EMG), TENS, physical therapy, x-rays, injections, chiropractic treatments, and medication. Currently, the injured worker complains of low back pain. The Treating Physician's report dated June 2, 2015, noted the injured worker with obvious low back pain, and tenderness to palpation of the lumbar paraspinal muscles with guarding and restricted lumbar flexion extension. The treatment plan was noted to include prescriptions for Norco for 6/25/2015, 7/24/2015, and 8/23/2015, a prescription for Soma, and follow up appointments for ortho spine and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90 to be filled on 06/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and 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 last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Steps to avoid misuse of opioids, in particular those at high risk of abuse includes recommendations such as opioid therapy contracts, limitation of prescribing and filling of prescriptions to one pharmacy, frequent random urine toxicology screens, and frequent review of medications. The Physician note dated October 7, 2014, noted that the injured worker had previously taken multiple and high dose narcotics including Lortab, Morphine, and Percocet, requiring drug rehabilitation to be able to get off of the medications. The injured worker reported the Ultram was not significantly relieving his pain, and therefore the Physician prescribed Norco as needed for severe pain. The documentation provided did not include a baseline level of functioning, a pain baseline, a measurable level of the current pain throughout the physician visits, the pain relief on the Norco, or the duration of pain relief with the medication. The documentation provided failed to provide objective, measurable improvement in pain, functional, or quality of life. The documentation did not include notation of a decreased need for medication or medical follow-up with the use of the Norco, nor was there documentation provided of any previous drug screening or documentation of an opioid therapy contract. There was no documentation of the injured worker's ability to perform his activities of daily living (ADLs), or of his work status. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 7.5/325mg #90 to be filled on 06/25/2015. The request is not medically necessary.

Norco 7.5/325mg #90 to be filled on 07/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and 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 last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note there is no evidence that opioids

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Norco 7.5/325mg #90 to be filled on 08/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and 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 last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Steps to avoid misuse of opioids, in particular those at high risk of abuse includes recommendations such as opioid therapy contracts, limitation of prescribing and filling of prescriptions to one pharmacy, frequent random urine toxicology screens, and frequent review of medications. The Physician note dated October 7, 2014, noted that the injured worker had previously taken multiple and high dose narcotics including Lortab, Morphine, and Percocet, requiring drug rehabilitation to be able to get off of the medications. The injured worker reported the Ultram was not significantly relieving his pain, and therefore the Physician prescribed Norco as needed for severe pain. The documentation provided did not include a baseline level of functioning, a pain baseline, a measurable level of the current pain throughout the physician visits, the pain relief on the Norco, or the duration of pain relief with the medication. The documentation provided failed to provide objective, measurable improvement in pain, functional, or quality of life. The documentation did not include notation of a decreased need for medication or medical follow-up with the use of the Norco, nor was there documentation provided of any previous drug screening or documentation of an opioid therapy contract. There

was no documentation of the injured worker's ability to perform his activities of daily living (ADLs), or of his work status. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 7.5/325mg #90 to be filled on 08/23/15. The request is not medically necessary.