MAXIMUS Federal Services

Case Number:	CM15-0123651		
Date Assigned:	07/08/2015	Date of Injury:	04/25/2006
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on 4/25/2006. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar facet pain, lumbar pain. Treatment to date has included medications, cervical fusion, and radiofrequency. The request is for Norco, Colace, and a right periformis injection with fluoroscopy. On 1/20/2015, she complained of neck pain, right low back pain with radiation to the hip and buttock area, and depression, insomnia, and anxiety. She indicated she felt that her right low back pain was increasing, and that her radiofrequency may be wearing off. She is noted to have attained 80% relief with the last radiofrequency, approximately 10 months prior. She rated her pain level as 5/10. Her pain level from her last visit was 5/10. She reported Hydrocodone to reduce her pain from 8/10 to 4/10 in about 20-30 minutes, and that it lasts for 4-5 hours. She is noted to be able to walk and stand for about 40 minutes with medications versus 5-10 minutes without medications. She is noted to be able to care for her grandchildren and perform activities of daily living like sweeping, dishes and laundry, where prior she would stay in bed all day when no pain medications were proved. She reported no adverse side effects other than constipation, and no aberrant behaviors were noted. Her CURES report is noted to be appropriate, along with urine drug screenings. Her current medications are listed as: Ambien, Colace, Cymbalta, Wellbutrin, Xanax, and Norco. On 2/18/2015, she complained of neck pain, right low back pain with radiation into the hip and buttock, depression, anxiety and insomnia. She raged her pain as 5/10. The treatment plan included: continuation of all medications, and lumbar radiofrequency. On 3/18/2015, her pain level is noted to be 4/10 with the use of Hydrocodone in about 20-30 minutes of taking, and lasts for about 4-5 hours. She is noted to be able to walk and stand for about 40 minutes with medications, and 5-10 minutes without

medications. On 4/13/2015, she underwent right lumbar radiofrequency medial branch neurotomy for L4-L5 and L5-S1. On 4/16/2015, her pain level is noted as 6/10, the provider related to soreness caused by the lumbar radiofrequency 3 days earlier. On 6/11/2015, her pain level is recorded as 5/10. She reports a reduction of pain from Hydrocodone from 8/10 down to 4/10 in about 20-30 minutes which lasts 4-5 hours. She reported being able to stand and walk for about 40 minutes with medications, and 5-10 minutes without medications. Physical examination revealed a markedly tender right periformis muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet every 4-6 hrs as needed 5/day no refills (prescribed 6/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 80-81, 86.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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; 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. In this case, it is noted the provider did address the 4 A's of opioid management. However, the documentation does not indicate ongoing functional improvement with the use of Norco. Her pain level continued to be 5/10 for several months. Pain relief continued to be for 4-5 hours with the use of Norco. She had no reduction in dosage of Norco. While there is notation of her ability to walk or

stand for 40 minutes, and only 5-10 minutes without medications, this remained unchanged for several months and thus her activities of daily living or quality of life did not reflect improvement. She continued to not work and continued to be dependent on medications for pain control. Therefore the request for Norco 10/325mg, 1 tablet every 4-6 hours as needed, 5 per day, and no refills is not medically necessary.

Colace 100mg daily #30 no refills (prescribed 6/11/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmacetical (2204) Colace Oral, Colace, DSS, surfak (docusate sodium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-86. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Colace (Docusate) is used for relieving occasional constipation and preventing dry, hard stools. It is a stool softener. The CA MTUS indicates that constipation is a known side effect with the use of opioids. The CA MTUS guidelines recommend prophylactic treatment of constipation with the concurrent use of opioids. In this case, the opioid medication Norco was determined to be not medically necessary, thus indicating the utilization of Colace as not medically necessary.

Right Piriformis injection with fluoroscopy times 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; piriformis injection.

Decision rationale: Regarding the request for periformis injection, the CA MTUS is silent on this issue. The ODG states periformis injections are recommended for periformis syndrome after a 1-month physical therapy trial. The records do indicate that she had tenderness of the right periformis muscle. The records do not indicate if there had been a trial of conservative therapy including physical therapy. Therefore, the request for right periformis injection with fluoroscopy times 1 is not medically necessary.