

Case Number:	CM15-0126299		
Date Assigned:	07/10/2015	Date of Injury:	10/27/2001
Decision Date:	08/07/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year-old male who sustained an industrial injury on 10/27/01. Initial complaints and diagnoses are not available. Current diagnoses include L5-S1 disc disease with grade I stable spondylolisthesis and disc bulge, L5-S1 disc dessication with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis and legal blindness, depression, and history of bowel obstruction with colon resection. Available diagnostic testing and treatments to date have included laboratory evaluations, psychological evaluation, neurology follow-up, and pain medication management. Currently, the injured worker reports pain is from 5-9 on a 10 point pain scale depending on the day. When he is on his last few days of Butran patch his pain is worse. Past medications have resulted in severe constipation and hangover sensation. He denies any issues with the Butrans patch and Norco. Current plan of care includes switching to a different long-acting opiate since Butrans patch is wearing off, and a trial of a long-acting hydrocodone; the patient has used this in the past with no reported side effects. Requested treatments include 1 prescription of Norco 10/325 mg #210, and Zohydro 10 mg #60. The injured worker's status is not addressed with notation he is looking forward to a new job possibility. Date of Utilization Review: 06/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #210: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for 1 prescription of Norco 10/325mg #210 is not medically necessary.

1 prescription of Zohydro 10mg #60: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking an opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco, which is also an opioid, in excess of the recommended 2-week limit for opioids. As such, the request for 1 prescription of Zohydro 10mg #60 is not medically necessary.

