

Case Number:	CM15-0172184		
Date Assigned:	09/14/2015	Date of Injury:	10/30/2013
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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 31 year old male injured worker suffered an industrial injury on 10-30-2013. The diagnoses included left lumbar radiculitis, acute flare of the back and neck pain and chronic opioid therapy. On 5-5-2015 the treating provider reported the injured worker stating the pain is largely the same. It is sharp, burning, throbbing, pins and needles, tingling and numbness rated 9 out of 10 that was constant. He was fitted with a back brace with a heating pad as a trial which he found was effective. The "chief complaint" was low back and left lower extremity pain. On exam the gait was significantly altered with positive straight leg raise and decreased sensation. Prior treatments included epidural steroid injection and radiofrequency ablation 8-2014. The diagnostics included right shoulder, cervical-thoracic and lumbar spine x-rays. There was no evidence of recent evaluation of functional improvement in the prior 6 months or a comprehensive pain assessment including pain levels with and without medication and no evidence of recent of an aberrant risk assessment in the last 6 months. The Utilization Review on 8-21-2015 determined non-certification for Retrospective Norco 10/325mg #120 (DOS 05/05/15), Retrospective Hysingla ER 40mg #30 (DOS 05/05/15) and Retrospective Ibuprofen 800mg #60 (DOS 05/05/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 (DOS 05/05/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. 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 #120 date of service May 5, 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 left lumbar radiculitis; acute flare back pain and neck pain; and chronic opiate therapy. The date of injury is October 30, 2013. Request for authorization is August 7, 2015. According to a progress note dated December 23, 2014, current medications included ibuprofen, Norco, Cymbalta and nortriptyline. According to the May 5, 2015 progress note, subjectively the injured worker complains of low back pain that radiated to the left lower extremity with the pain score of 9/10. Objectively, the injured worker had an antalgic gait. There was positive straight leg raising and decreased sensation over the left L5-S1 dermatome. The treatment plan contained a request for a Norco refill and ibuprofen refill. There was no clinical discussion, indication or rationale for Hysingla. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement. There is no documentation indicating an attempt to wean Norco 10/325mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement and no attempt at weaning, retrospective Norco 10/325mg #120 date of service May 5, 2015 is not medically necessary.

Retrospective Hysingla ER 40mg #30 (DOS 05/05/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 Pain, and Hysingla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Hysingla (hydrocodone) ER 40mg # 90 date of service May 5, 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 left lumbar radiculitis; acute flare back pain and neck pain; and chronic opiate therapy. The date of injury is October 30, 2013. Request for authorization is August 7, 2015. According to a progress note dated December 23, 2014, current medications included ibuprofen, Norco, Cymbalta and nortriptyline. According to the May 5, 2015 progress note, subjectively the injured worker complains of low back pain that radiated to the left lower extremity with the pain score of 9/10. Objectively, the injured worker had an antalgic gait. There was positive straight leg raising and decreased sensation over the left L5-S1 dermatome. The treatment plan contained a request for a Norco refill and ibuprofen refill. There was no clinical discussion, indication or rationale for Hysingla. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for Hysingla, retrospective Hysingla (hydrocodone) ER 40mg # 90 date of service May 5, 2015 is not medically necessary.

Retrospective Ibuprofen 800mg #60 (DOS 05/05/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective ibuprofen 800 mg #60 date of service May 5, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to 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 nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal 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 left lumbar radiculitis; acute flare back pain and neck pain; and chronic opiate therapy. The date of injury is October 30, 2013. Request for authorization is August 7, 2015. According to a progress note dated December 23, 2014, current medications included ibuprofen, Norco, Cymbalta and nortriptyline. According to the May 5, 2015 progress note, subjectively the injured worker complains of low

back pain that radiated to the left lower extremity with the pain score of 9/10. Objectively, the injured worker had an antalgic gait. There was positive straight leg raising and decreased sensation over the left L5-S1 dermatome. The treatment plan contained a request for a Norco refill and ibuprofen refill. The documentation did not demonstrate objective functional improvement to support ongoing process. At a minimum, ibuprofen was prescribed for five months. The start date is not specified. There has been no attempt at weaning ibuprofen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no attempted weaning of ibuprofen, retrospective ibuprofen 800 mg #60 date of service May 5, 2015 is not medically necessary.