

Case Number:	CM15-0174180		
Date Assigned:	09/16/2015	Date of Injury:	12/19/1995
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old, female who sustained a work related injury on 12-19-95. The diagnoses have included cervical postlaminectomy syndrome, degeneration of cervical intervertebral disc, long-term medication use, and cervical spondylosis without myelopathy, myalgia-myositis, brachial neuritis-radiculitis and sleep disorder. Treatments have included oral medications, cervical spine surgeries x 4, epidural steroid injections (some benefit), physical therapy (not helpful), TENS unit therapy (not helpful), H-wave therapy (some benefit), chiropractic-massage treatments (some benefit), acupuncture (not helpful), ice-heat therapy (some benefit) and trigger point injections (not helpful). Current medications include Norco, Cymbalta, Lyrica, and methadone. Previous medications include Oxycontin, Oxycodone, trazodone and Fentanyl patches. In the progress notes dated 7-23-15, the injured worker reports neck, mid to lower back pain and headaches. She rates her pain level a 7 out of 10. At best, her pain level is 7 out of 10 and at worst, pain level is 10 out of 10. This pain level has not changed from her last visit. She describes the pain as burning, "electrical." On physical exam, she has tender and active trigger points in trapezius muscles, left greater than right. She has muscle atrophy from C1-C6 midline. She has decreased range of motion in lumbar spine, approximately 75% of expected. She has tender trigger points in the lower lumbar area on both sides. She has tenderness over the lower lumbar facet joints. No recent urine drug screens noted. She is not working. The treatment plan includes a refill of Norco. The Utilization Review, dated 8-4-15, the requested treatment of Norco 10-325mg #240 was modified to Norco 10-325mg #120 to support the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: 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 rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time only improving to a constant 7/10. There are no objective measures

of improvement of function or how Norco improves activities. The work status is not mentioned. . Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.