Case Number:	CM15-0178946		
Date Assigned:	09/21/2015	Date of Injury:	07/18/2000
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 59 year old male who sustained an industrial injury on 7-18-00. A review of the medical records indicates he is undergoing treatment for right lumbar facet pain - improved post radiofrequency, right L5 radiculopathy, right sacroiliac joint pain, post radiofrequency right Piriformis syndrome, and Baker's cyst right popliteal fossa. Medical records (3-4-15) indicate the injured worker has complained of ongoing pain in his lower back and bilateral legs. He reports that his right leg is affected more than the left leg, including the right knee. He states that his pain is "significantly affecting his ability to function in his everyday life and to work on a full time basis". He reports that he "can only walk about 50 yards and can't tolerate standing for more than 10 minutes at a time". He also reports that he is unable to sit on his right side and unable to sleep for more than 3 hours without pain awaking him. A review of the records on 3-4-15 indicates that he was status post a piriformis injection. His pain was noted to be "well controlled most of the time". He was receiving heat for relief of pain in his neck, as well as 1-2 Percocet tablets at a time, depending on the pain. The progress record states "His medications keep getting sent to UR and the reviewers are stating he needs to reduce his medications". The treating provider states "He takes roughly 120 morphine equivalents per day which is within the guidelines". The progress report indicates that the medication helped the injured worker be able to work full-time, walk for 30 minutes "comfortably", and perform activities of daily living and take care of himself, which indicates functional improvement. Since the 3-4-15 progress report, the injured worker's pain level continues to decline. On 4-30-15, he was noted to be "not doing very well today" and was noted to be "rationing" his medication. On

5-28-15, he reported that his pain was "increasingly worse and even more persistent" than the prior visit. His ability to participate in activities of daily living, such as walking and standing were impaired, as well as his ability to sleep throughout the night. His subjective complaints have remained at the severity level of the 5-28-15 report. The physical exam reveals a normal gait, "good range of motion" with minor stiffness in the cervical spine. Tenderness was noted on lumbar palpation, as well as pelvic palpation. He has pain with flexion and internal rotation of the right hip. The straight leg raise was negative. Diagnostic studies are no included in the provided medical records. Treatment has included oral pain medications, physical therapy, a TENS unit, and steroid injections. The utilization review (8-12-15) indicates a request for authorization for 2 prescriptions of Norco 10-325, #240. This was denied, indicating that the "documentation lacks evidence of significant quantifiable overall improvement in function with long-term use of Norco to date".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: 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 dairy 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. There are objective measures of improvement of function or how the medication improves activities. The work status is currently working. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.