

<b>Case Number:</b>	CM15-0066290		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 51-year-old male sustained an industrial injury to the back and bilateral upper extremities on 3/4/11. Previous treatment included magnetic resonance imaging, electromyography, bilateral shoulder surgery, bilateral ulnar and carpal tunnel release, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/20/15, the injured worker complained of low back pain 10/10 on the visual analog scale. The injured worker reported that his average pain for the past month had been 5/10, going up as high as 10/10 without medications and improving to 4/10 with medications. Urine drug screen did not detect hydrocodone but was positive for oxycodone. The injured worker reported missing an appointment in January, running out of Norco and taking his ex-wife's medication because the pain was unbearable. Current diagnoses included low back pain with radiculopathy, bilateral shoulder pain, bilateral upper extremity pain, hypertension and bilateral hip pain. The treatment plan included a prescription for Norco, a second prescription for Norco with "Do not fill until 3/28/15", and refills of Neurontin and Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-Going Management, Weaning of Medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, the worker missed an appointment, took someone else's medication, and this was not known until after the urine drug screen showed unexpected results. For these reasons, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Norco 10/325mg #180, not dispensed until 3/28/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-Going Management, Weaning of Medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of

time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, the worker missed an appointment, took someone else's medication, and this was not known until after the urine drug screen showed unexpected results. For these reasons, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg for the date of service 03/28/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Lexapro 10mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain, Specific Antidepressants, Selective Serotonin Reuptake Inhibitors Page(s): 13-14, page 16, page 107.

**Decision rationale:** Lexapro (escitalopram) is an antidepressant medication in the class of selective serotonin reuptake inhibitors (SSRIs). The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage the inclusion of pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects in the documented assessments of treatment efficacy. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. Assessments of these issues were minimal and did not include many of the elements encouraged by the Guidelines. There was no suggestion that the worker's pain or function improved with the use of escitalopram. In the absence of such evidence, the request for thirty tablets of Lexapro (escitalopram) 10mg with three refills is not medically necessary.