

Case Number:	CM15-0092604		
Date Assigned:	05/19/2015	Date of Injury:	07/28/2005
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46-year-old male, who sustained an industrial injury on 07/28/2005 when he fell secondary to scaffolding collapse. He reported low back and left hip pain. Treatment to date has included medications, MRIs, hip surgeries, physical therapy, psychiatric visits and epidural steroid injections. According to an initial pain management evaluation dated 10/17/2014, the injured worker reported constant, throbbing, aching, sharp, shooting, burning, and spasming/cramping and tenderness. He had difficulty with sitting or standing for long periods of time and with everyday function. Pain was made worse by sitting, standing, and better by hot showers. Pain was rated 8 on a scale of 1-10, 10 at worse and 4 at best. The injured worker had been taking Norco 10/325mg 6 tabs per day, OxyContin 80mg three times per day and Soma. Diagnoses included lumbar spondylosis and injury, hip and thigh. According to the provider, the injured had 5 different hip replacement/revision surgeries and as a result suffered from chronic pain. He also had ongoing low back pain secondary to a herniated disc at L5-S1 causing radicular symptoms bilaterally. The provider noted that the injured worker may be indicated for a lumbar epidural steroid injection at L5-S1 but that it would not have much effect with his med so high. Significant reduction in opioid analgesic dosing was recommended. Clonidine was going to be added to help with opioid withdrawal symptoms. According to a progress report dated 03/05/2015, the injured worker had major pain in the back and pain down the leg to the feet. Pain levels ranged from 4 on a scale of 1-10 up to 9. Medication regimen included Norco and OxyContin. He had been weaning over 4 months. Current dosage was OxyContin 60mg twice a day and Norco three times a day. Diagnoses included chronic pain, sciatica and unspecified myalgia/myositis. According to a progress report dated 04/28/2015, the provider noted that the insurance company had not been paying for the medications for the last 8

months. Objective findings were noted as the same. Treatment plan included Norco 10/325mg #90 1 three times a day and OxyContin 60mg #60 1 twice a day. Currently under review is the request for OxyContin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 MG #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): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(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." There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycontin 60 mg #60 is not medically necessary.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(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. 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." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.