

Case Number:	CM15-0094199		
Date Assigned:	05/20/2015	Date of Injury:	05/17/1999
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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
 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:

This is a 48 year old female with a May 17, 1999 date of injury. A progress note dated April 13, 2015 documents subjective findings (increased lower back pain and pain down the right leg to the toes; pain rated at a level of 9/10), objective findings (well healed surgical scar on the lumbar spine; tenderness to palpation over the paravertebral musculature with muscle guarding and asymmetric loss of motion; positive straight leg raise bilaterally; decreased sensation to pinprick and light touch in the right L5 and S1 dermatomes), and current diagnoses (failed back surgery syndrome; left hip sprain; history of left elbow pain, asymptomatic; psychiatric complaints). Treatments to date have included lumbar spine fusion, spinal cord stimulator, medications, home exercise, and electromyogram/nerve conduction velocity studies (January 18, 2011; showed normal findings). The treating physician documented a plan of care that included Norco and Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation DEA Practitioner's Manual <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The patient has a history of surgery of the lumbar spine was performed on April 19, 2001 involving L4-L5 and L5-S1. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The primary treating physician's progress report dated 4/13/15 documented a request for Norco 10 mg, without the quantity specified. Request for authorization (RFA) dated 4/13/15 documented a request for Norco 10 milligrams, without the quantity specified. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. The quantity is an essential element that is lacking in the request. Therefore the request for Norco 10 milligrams cannot be endorsed. Therefore, the request for Norco 10 milligrams is not medically necessary.

1 Prescription of Kadian 80mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation DEA Practitioner's Manual <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends

that opioid dosing not exceed 120 mg oral morphine equivalents per day. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The patient has a history of surgery of the lumbar spine was performed on April 19, 2001 involving L4-L5 and L5-S1. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The primary treating physician's progress report dated 4/13/15 documented a request for Kadian 80 mg, without the quantity specified. Request for authorization (RFA) dated 4/13/15 documented a request for Kadian 80 milligrams, without the quantity specified. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. The quantity is an essential element that is lacking in the request. Therefore the request for Kadian 80 milligrams cannot be endorsed. Therefore, the request for Kadian 80 milligrams is not medically necessary.