

Case Number:	CM13-0045362		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2003
Decision Date:	11/10/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

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: Colorado

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 55 year old, male who sustained a work related injury on 12-19-03. A review of the medical records shows he is being treated for low back pain. Treatments have included lumbar radiofrequency procedures ("no real resolution of his symptoms"). Current medications include Norco. He has been taking 6 to 8 Norco 7.5-325mg. pills. He has been taking Norco since at least 5-2013. In the last few progress notes, the injured worker reports intermittent lower back pain with radiating pain into his buttocks and occasionally down his right leg only to his thigh. On physical exam dated 7/15/15, he has decreased range of motion in his lumbar spine. He has no tenderness over the spinous processes or paraspinal muscles or over the SI joints. The "majority of the pain is still described as being deeper than on the surface." Straight leg testing does not bring on pain in either leg. He is not working. The treatment plan includes a prescription for Norco and referral back to surgeon to perform lumbar discogram in anticipation of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg (1-2 tablets every 4-6 hours as needed) #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: The Guidelines establish criteria for use of opioids, including long-term use (6 months or more). When managing patients using long-term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4As of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence." Per the Guidelines, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? Per the records supplied for review, the patient of concern has been using Norco for more than 6 months, and has recently requested escalation of dosing to help with pain.

However, there is no objective evaluation of function (no discussion of improved function in the records) and no recently documented pain ratings that indicate level of pain. Clinic notes specifically indicate patient's pain is chronic and not responding to treatment. Furthermore, there is no documentation of discussion of aberrant drug taking behaviors and no urine drug screens / other monitoring in the records in the last 6 months. As above, the records do not establish objective evidence of improved function or pain with Norco, and the 4A's are not documented. The Norco is therefore not medically necessary for patient.

Referral for lumbar discogram at L5-S1, L4-5, L3-4 and possibly L2-3 or L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevalence and Characteristics of Discogenic Pain in Tertiary Practice: 223 Consecutive Cases Utilizing Lumbar Discography. Verrills P1, Nowesenitz G1, Barnard A1. Pain Med. 2015 Aug; 16 (8): 1490-9. doi: 10.1111/pme.12809. Epub 2015 Jul 27. "Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 6: discography for patient selection." Eck JC1, Sharan A, Resnick DK, Watters WC 3rd, Ghogawala Z, Dailey AT, Mummaneni PV, Groff MW, Wang JC, Choudhri TF, Dhall SS, Kaiser MG. J Neurosurg Spine. 2014 Jul; 21 (1): 37-41. doi: 10.3171/2014.4. Spine 14269.

Decision rationale: The MTUS and ACOEM do not address discogram use, so Medline literature search was conducted. There is no consensus in the literature as to the utility of discograms to confirm diagnosis of discogenic lumbar pain. Verrills, et al did find that discograms were useful in confirming diagnosis of discogenic lumbar pain. However, Eck, et al did not find that discogram could reliably identify discogenic source of pain in all patients. The literature, in general, on the subject of discograms cannot consistently support the use of discograms for diagnosis / management of discogenic pain. Without clear evidence based support for the use of Discogram in diagnosis and management of low back pain, the Discogram is not medically necessary.