

<b>Case Number:</b>	CM13-0014855		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female patient with a date of injury of October 18, 2000. A utilization review determination dated August 13, 2013 recommends, noncertification of chronic opiate analgesic therapy. Noncertification is due to the lack of documentation regarding pain relief, functional status, appropriate medication use, side effects, and lack of clarity regarding quantity and duration of treatment. A progress report dated September 24, 2013 identifies, "severity level is moderate to severe. The problem is worsening. It occurs persistently. Location of pain was upper back, middle back, lower back, and thighs. Pain has radiated to the right foot and right thigh. The patient describes the pain as an ache, deep and sharp. Symptoms are aggravated by a descending stairs, bending, ascending stairs, rolling over in bed, sitting, standing, and walking. Symptoms are relieved by heat, ice, lying down, and pain meds." Chronic problems include chronic pain, cannabis dependence, asthma, and failed back surgery syndrome. Current medications include Butrans 10 mcg transdermal patch every 7 days, tramadol 50 mg 1 to 2 every 6 hours, baclofen, Advil, Cymbalta, Celebrex, and Prilosec. Review of systems is positive for night sweats and weight gain, negative for gastrointestinal side effects, and negative for respiratory issues. Physical examination identifies spasm in the thoracic and lumbar region, tenderness in the cervical, thoracic, and lumbar region, and restricted range of motion in the cervical and lumbar region. Assessment states, "chronic pain due to trauma, spondylosis, degenerative disc disease cervical, degenerative disc disease thoracic, failed back surgery syndrome lumbar, muscle spasms." The note goes on to state, "with medications the patient is able to: get dressed in the morning. Minimal activities at home. Contact with friends via phone, email. Without medications the patient reports she: gets out of bed but does not get dressed. Stays at home all day.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic Opiate analgesic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Regarding the request for "chronic opiate analgesic therapy", California Pain Medical Treatment Guidelines contain criteria for the ongoing use of opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, medical notes indicate that there are significant concerns regarding this patient and the use of opiates. The patient has a pre-existing bipolar disorder, which is reportedly unstable, there is a history of alcoholism, and there is ongoing use of marijuana with no Final Determination Letter for IMR Case Number [REDACTED] [REDACTED] documentation of a medical marijuana recommendation. Additionally, the documents provided identify minimal pain reduction with the currently used opiates. Furthermore, the patient does not appear willing to participate in a functional restoration program in order to potentially be able to discontinue opiates. In light of the above issues, the currently requested "chronic opiate analgesic therapy," is not medically necessary.