

<b>Case Number:</b>	CM13-0020887		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/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:

The patient is a 55-year-old male who sustained two (2) work-related injuries in 2008, resulting in pain in his lower back, with radiation into his leg, right arm and shoulder pain, and pain in his left knee. The patient has been treated for at least two (2) years with Norco 10/325 mg, two (2) by mouth every eight (8) hours, BuSpar 15 mg twice a day for anxiety related to his injuries and has had urine drug screens on a regular basis. The patient also uses Cidaflex, Lyrica, Pamelor, Medrox patches at bedtime for nighttime pain and spasm. The patient has had lumbar epidural injections over the last two (2) years with some relief of his symptoms. The patient also complains of instability of his ankle for which he wears a medial wedge. The treating physician on his monthly reports describes the patient's activities of daily living, he also notes what his pain level is with and without medication and he monitors and treats some of the side effects of chronic opioid use, such as constipation. There are also several urinary drug screens in the medical report monitoring opioid levels. Some of these screen show no opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NORCO 10/325MG #180.: 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): 76-91.

**Decision rationale:** The Chronic Pain Guidelines indicate that 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). This patient has been on opioid therapy for at least 2-1/2 years. It appears from the medical records that there is adequate documentation of the four (4) A's of ongoing monitoring. Pain scores with and without medication are listed in almost every provider record. Physical and psychological functioning are noted. Interference and improvement in activities of daily living are documented. Some of the side effects of chronic opioid use are noted and treated, for example, constipation. Some drug screens showed no trace of opioids and yet there was no documentation of change in the pain levels in the provider's report or if compliance was an issue. The only time there is mention of a change in pain level is after the patient receives his epidural injections. Anxiety is an issue that the patient is being treated for, yet, there is no documentation as to the effect anxiety has on the patient's chronic pain, his motivation, return to work, or social life. There is no documentation if the pain cause anxiety or if the anxiety increase the pain. These are issues that need to be worked out; the patient may need a psychological consultation. Therefore until these issues have been clarified, the medical necessity of Norco prescriptions has not been established.

**1 URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the use of opioids is not medically necessary, none of the associated services are medically necessary.

**1 PRESCRIPTION OF MEDROX PATCHES #30.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE AND TOPICAL ANALGESICS. Page(s): 104, 111-113.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical salicylates are recommended for chronic pain. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. This patient is already on an antidepressant as well as anticonvulsant. According to the provider, the Medrox patches were added for nocturnal use for pain and muscle spasm, but there is no documentation on whether the other medications weren't effective at controlling nocturnal pain and muscle spasm. Menthol has no effect on the skeletal muscular system. The patient has been using Medrox patches for at least 2-1/2 years on a nightly basis. However, there is no documentation on whether this treatment modality is still effective. Therefore, since there is no documentation on the continuing effectiveness of this treatment modality or the ineffectiveness of other treatments, the continuing use of Medrox patches cannot be considered medically necessary.

**1 PRESCRIPTION OF BUSPAR 15MG #60.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS & STRESS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN. Page(s): 14-16.

**Decision rationale:** The Chronic Pain Guidelines do not specifically address Buspar. However, it does state that the antidepressants are better for treating anxiety than drugs such as benzodiazepines. It also states that the tricyclic antidepressants are a first line option especially for neuropathic pain accompanied by insomnia, anxiety, or depression. If the patient's anxiety is as such that additional treatment is needed then this co-morbid mood disorder and its influence on the patient's ability to physically recover needs to be addressed. Psychological consultation may be needed. Therefore, until these above issues are addressed, the medical necessity for the use of Buspar has not been established.