

<b>Case Number:</b>	CM13-0032888		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Rehabilitation, and is licensed to practice in Illinois. 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.

### 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 57-year-old who reported an injury on 03/26/2004 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to the lumbar spine and bilateral knees. The patient developed chronic pain that was managed with medications. The patient most recent clinical evaluation revealed that the patient received moderate relief from medication usage. It was noted that the patient had a signed medication agreement with the office. Additionally, the clinical documentation submitted for review does provide evidence that the patient was monitored for aberrant behavior with urine drug screens. The patient's medications included Opana ER 20 mg, Norco 10/325 mg, hydrochlorothiazide, and lisinopril. The patient's diagnoses included lumbar radiculopathy, axial low back pain, joint pain of the left leg, lumbosacral degenerative disc disease. The patient's treatment plan included an MRI of the lumbar spine and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20 mg, twice per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of the patient's pain relief, documentation of functional benefit related to medication usage, managed side effects, and monitoring of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief, or documentation of significant functional improvement related to medication usage. The patient is monitored for aberrant behavior and does have a pain contract with the office. However, the efficacy of continued medication usage could not be established. The request for Opana ER 20 mg, twice per day, is not medically necessary or appropriate

**Norco 10/325 mg, 180 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg #180 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of the patient's pain relief, documentation of functional benefit related to medication usage, managed side effects, and monitoring of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief, or documentation of significant functional improvement related to medication usage. The patient is monitored for aberrant behavior and does have a pain contract with the office. However, the efficacy of continued medication usage could not be established. The request for Norco 10/325 mg, 180 count, is not medically necessary or appropriate.

**open MRI on the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** American College of Occupational and Environmental Medicine recommend an MRI for patients who have documentation of neurological deficits that require further evaluation to establish pathology. The clinical documentation submitted for review does not provide any evidence of progressive neurological deficits that would need further diagnostic evaluation. Therefore, the need for an MRI is not clearly established. The request for an open MRI on the lumbar spine is not medically necessary or appropriate.