

<b>Case Number:</b>	CM13-0035947		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Occupational 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 50 year old male with a 1/25/11 date of injury when he was hit in the back by a forklift while working for [REDACTED]. The patient was seen on 8/28/13 with constant back pain in the neck, low back, and left shoulder, 6-8/10 on visual analog scale (VAS). His pain was noted to decrease with 3-4 tablets. Exam findings revealed tenderness over the left paraspinal muscles of the neck as well as decreased range of motion. He was seen on 10/11/13 for a QME where it was noted that medications helped his pain and complained of neck pain 6/10 on VAS, and lumbar spine pain, 8/10. He was placed at maximum medical improvement (MMI). Treatment to date has included: Physical therapy, aquatic therapy, acupuncture, medications, epidural steroid injections (8/1/12 and 6/2013). A UR decision dated 9/13/13 denied the request given functional improvement and ADL's were not quantified or described with regard to this medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORCET PLUS 7.5/650 MG,360, ONE TABLET TWO TIMES PER DAY AND AT NIGHT AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , OPIOIDS CRITERIA, 76

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This employee has a 1/25/11 date of injury. The employee has been on chronic opiate management and the medications help alleviate the pain, according to the documentation; however there is no description of functional gain, VAS with and without medications, a pain contract, or evidence of ongoing monitoring. Regarding the request for Lorcet, the request as submitted was not medically necessary.