

<b>Case Number:</b>	CM13-0039321		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 61 year old male who reported injury on 08/03/2006 of unknown mechanism. He complained of lower back, neck and bilateral shoulder pain. The injured worker reported his pain as sharp and radiating. He rated his pain a 7/10 on 0-10 pain scale with his pain medication giving 75% relief which was improved from previous visits of rated 8/10. He stated his pain is aggravated by repetitive bending and heavy lifting, but the medication and heat relieves it. He reported no adverse side effects according to visit summary dated 03/31/2014. Physical findings were a noticeable limp, assisted gait with the use of a cane. There was tenderness to palpation to areas of the cervical and lumbar spine. His reflexes and sensations were normal and his femoral nerve traction, Patrick-Fabere, supine/seated leg raise tests were positive. The injured worker stated no problems with activities of daily living. The patient has had multiple drug screens in which on one he tested positive for marijuana 12/30/2013 and no presence of opiates on 03/25/2013 which cause him to be placed on a prescription monitoring program for compliance. Documentation also stated that it was discussed with the injured worker the hazards of getting multiple medications from multiple providers. The injured worker did however show compliance in later drug screens and was determined to be at no risk of abuse. The injured worker had diagnoses of lumbar radiculopathy, post lumbar and cervical laminectomy, cervical radiculopathy and chronic opioid therapy. His past treatment included physical therapy, cervical/thoracic epidural given twice, home exercises in which he was not compliant with and postural strengthening along with oral medications. His medications are hydrocodone-acetaminophen (Norco) 10/325mg (1) one tab by mouth four times a day as directed, baclofen 20mg (1) one tab by mouth three times a day as directed. The treatment plan is for norco 7.5/325, morphine quick release, and valium. There is no documentation as to where the request originated and no dosage, frequency, duration and/or quantity on the requests. The

request for authorization form was not submitted for review. There is no rationale for the requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 7.5/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

**Decision rationale:** The request for Norco 7.5/325 is non-certified. The injured worker complained of lower back, neck and bilateral shoulder pain. The injured worker reported his pain as sharp and radiating. He rated his pain a 7/10 on 0-10 pain scale with his pain medication giving 75% relief which was improved from previous visits rated 8/10. He stated his pain is aggravated by repetitive bending and heavy lifting, but the medication and heat relieves it. His past treatments included physical therapy, oral pain medication and muscle relaxants as well as epidural injections. CA MTUS recommends the usual analgesic dose of 5/500 mg 1-2 tablets every 4-6 hours as needed with the max of 8 tablets per day and with higher dosage 1 tablet every 6 hours as need. While the 4 A's were addressed (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors,) the requested was lacking the frequency and quantity of the proposed medication. Therefore, the request for Norco 7.5/325 is non-certified.

**MORPHINE QUICK RELEASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines morphine sulfate Page(s): 93.

**Decision rationale:** The request for morphine quick release is non-certified. The injured worker complained of lower back, neck and bilateral shoulder pain. The injured worker reported his pain as sharp and radiating. He rated his pain a 7/10 on 0-10 pain scale with his pain medication giving 75% relief which was improved from previous visits rated 8/10. He stated his pain is aggravated by repetitive bending and heavy lifting, but the medication and heat relieves it. His past treatments included physical therapy, oral pain medication and muscle relaxants as well as epidural injections. CA MTUS chronic pain states that morphine is not recommended as primary treatment for persistent pain and it is also considered an opioid. Concurrent use with Norco would exceed the daily limit of opioid consumption. While the 4 A's were addressed (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors), there is no

clear directions for use. The requested was lacking the frequency, dose and quantity of the proposed medication. Therefore the request for morphine quick release is non-certified.

**VALIUM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** The request for valium is non-certified. The injured worker complained of lower back, neck and bilateral shoulder pain. The injured worker reported his pain as sharp and radiating. He rated his pain a 7/10 on 0-10 pain scale with his pain medication giving 75% relief which was improved from previous visits rated 8/10. He stated his pain is aggravated by repetitive bending and heavy lifting, but the medication and heat relieves it. His past treatments included physical therapy, oral pain medication and muscle relaxants as well as epidural injections. CA MTUS, chronic pain does not recommend benzodiazepines for long term because the efficacy is unproven and there is risk of addiction. Most guidelines limit use to 4 weeks. While the 4 A's were addressed (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors), there is no clear dosing instructions on the request. The requested was lacking the frequency, dose and quantity of the proposed medication. Therefore the request for valium is non-certified.