

<b>Case Number:</b>	CM13-0040751		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/05/1997
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 44-year-old female who reported injury on 06/05/1997. Medication history included Famotidine, Neurontin, tizanidine, Norco, Nucynta, and Opana since 2012. Mechanism of injury was not provided. The injured worker was noted to have a cervical MRI in 08/2012. The documentation of 09/23/2013 revealed the injured worker had chronic pain that was severe. The injured worker indicated she had the same pain intensity and no change in distribution. It was indicated the injured worker was awaiting a cervical and lumbar MRI. It was indicated the medications prescribed per the injured worker were keeping the injured worker functional allowing for increased mobility and tolerance of activities of daily living and home exercises. The injured worker indicated there were no intolerable side effects associated with the medications. The injured worker reported that the average pain without medications was 10/10 and with medications the pain was a 4/10. The treatment plan included Opana ER, Norco, and Nucynta and an extension of the approval for an MRI cervical spine. It was indicated the injured worker had no signs of aberrant drug behaviors or abuse and the urine drug test and [REDACTED] report was appropriate. The diagnoses included post laminectomy syndrome lumbar region, cervical radiculopathy, lumbar radiculopathy, lumbago, and cervicalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO 10/325MG, #180 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, and opioid dosing. Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had increased mobility and tolerance of activities of daily living and home exercises with the medications and pain was decreased from a 10/10 to a 4/10. It was indicated the injured worker had appropriate urine drug screens and [REDACTED] reports. The injured worker reported no side effects. Additionally, the cumulative dosing should not exceed 120 mg of oral morphine equivalence per day. The combination of medications would be 326.8 mg of daily oral morphine equivalence. This exceeds guideline recommendations. The request as submitted failed to indicate a necessity for 3 refills. Additionally, it failed to indicate the frequency for the requested medication. Given the above, the request for a prescription of Norco 10/325 mg #180 with 3 refills is not medically necessary or appropriate.

**PRESCRIPTION OF NUCYNTA 100MG, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, and opioid dosing. Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was documentation of objective improvement in function, objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior through urine drug screens and the [REDACTED] report. The injured worker denied side effects. However, the cumulative dosing of daily oral morphine equivalence was 326.8 mg which exceeds guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of Nucynta 100 mg #120 is not medically necessary.

**PRESCRIPTION OF OPANA ER 20MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, and opioid dosing. Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was documentation of objective improvement in function, objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior through urine drug screens and the [REDACTED] report. The injured worker denied side effects. However, the cumulative dosing of daily oral morphine equivalence was 326.8 mg which exceeds guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of Opana ER 20 mg #60 is not medically necessary.

**ONE CERVICAL MRI WITH CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, MRI.

**Decision rationale:** Official Disability Guidelines recommend repeat MRIs be reserved when there is a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had a MRI in 2012. The clinical documentation indicated the injured worker reported the same pain intensity and no change in distribution. There was a lack of documentation indicating the injured worker had a change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the cervical spine is not medically necessary.