

<b>Case Number:</b>	CM13-0043536		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

50 year old female injured worker with date of injury 5/5/05 has related low back pain. She has been treated with lumbar facet blocks at 4 levels on 3/23/09; right lumbar medial branch blocks 4/23/09; sacro-iliac joint injection 8/31/10; right sacroiliac medial branch rhizotomies providing 50% relief for 8 months with decrease in medications 11/15/10; right lumbar radiofrequency rhizotomy 9/17/13; right sacral rhizotomy 7/2/13. She is diagnosed with low back pain; lumbar arthritis; degenerative spondylolistehsis; spondylolisthesis; chronic pain; lumbosacral radiculopathy. The date of UR decision was 10/15/13. The patient has been treated with medications; a request authorization for physical therapy was noted, but there was no indication whether it took place. The latest available document for this review was dated 12/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone; 10/325 #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal only documentation including urine drug screening performed 12/6/13 and 8/15/13, and a drug contract. There is insufficient documentation to support the medical necessity of Hydrocodone 10/325 by way of addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The request is not medically necessary.

**Opana; 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal only documentation including urine drug screening performed 12/6/13 and 8/15/13, and a drug contract. There is insufficient documentation to support the medical necessity of Opana by way of addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The request is not medically necessary.

