

<b>Case Number:</b>	CM13-0045471		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2006
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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/Rehabilitation/Pain Management, has a subspecialty Certificate in Interventional Spine 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 56 year-old male with a 5/12/06 industrial injury claim. According to [REDACTED] 10/7/13 report, the diagnoses are lumbar sprain with BLE radiculitis; left-side SI joint sprain; left knee patellofemoral arthralgia; right knee, bilateral shoulder, bilateral wrists, cervical spine and thoracic spine signs and symptoms, unchanged, not evaluated. The IMR application shows a dispute with the 10/15/13 UR decision. The 10/15/13 UR decision was from [REDACTED] and was based on the 10/7/13 medical report, and recommended non-certification for the use of Norco, Fexmid, and a UDT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with a recent flare-up of low back pain radiating to the groin and bilateral lower extremities L>R

According to the 10/7/13 report, the patient is using Lortab (hydrocodone/APAP)10/500mg bid; Neurontin 600mg tid; Fexmid 7.5mg bid, and Sonata 10mg qhs. The plan was to discontinue Lortab due to the Tylenol levels, and discontinue Sonata as it did not work. The patient was sent for a UDT, and was prescribed Norco (hydrocodone/APAP) 10/325mg. q6h. According to the 6/18/13 report from [REDACTED], the patient was using Lortab, gabapentin and cyclobenzaprine, but they were not providing adequate pain coverage for the patient. 20 mg Hydrocodone was reported to not provide adequate pain control so the physician increased this to 40mg using Norco instead of Lortab due to the Tylenol levels. MTUS for opioids lists a trial phase, then :"- There is then a titration phase that includes dose adjustment. At this phase it may be determined that opioids are not achieving the desired outcomes, and they should be discontinued" The records show the physician just started the titration from 20 mg hydrocodone to 40mg hydrocodone. The physician did not have time to report outcome, as UR denied the titration to Norco. The use of Norco 10/325mg appears to be in accordance with MTUS guidelines discussion of the titration phase.

**Fexmid 7.5 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The Physician Reviewer's decision rationale: MTUS specifically states cyclobenzaprine is not recommended for over 3-weeks. The records show it was being used for at least 4-months. The continued use of cyclobenzaprine beyond 3-weeks is not in accordance with MTUS guidelines.

**one (1) urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, (May 2009), page 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Steps to avoid opioid misuse Page(s): 43, 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

**Decision rationale:** The Physician Reviewer's decision rationale: The available records show the UDT in question was performed on 10/7/13. The prior UDT was a year prior on 10/11/12. The UDT on 10/7/13 appears to be in accordance with MTUS guidelines, as well as within the frequency recommended under ODG guidelines.