

<b>Case Number:</b>	CM13-0062491		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Orthopedic Surgeon has a subspecialty in Sports 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 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 reported injury on 07/12/2012. The mechanism of injury was the injured worker was standing on a platform between the stairs painting a handrail. As the injured worker began to descend the stairs, his left foot became stuck and he began to fall. To keep himself from falling, the injured worker put his right foot down, fell backwards and slid down the stairs, striking his back on the stairs. The injured worker underwent a lumbar decompression at L4-5 and L5-S1 on 11/01/2012 and had physical therapy postoperatively. The injured worker underwent a decompressive surgery on 03/05/2013 and had 24 sessions of postoperative physical therapy. The injured worker had a urine drug screen on 02/04/2013 that was consistent. The injured worker was noted to be utilizing opiates in early 2013. The documentation of 10/30/2013 revealed the injured worker had pain of a 7/10 to 8/10 that was constant and most severe in the lumbar spine region. The injured worker indicated the pain was manageable with medications. The injured worker requested refills. The request was made for a mandatory urine drug screen to minimize the potential for abuse and diversion of controlled substances. The diagnoses included HNP L4-5 and L5-S1, status post decompression L4-5 and L5-S1, recurrent HNP left L5-S1 status post revision decompression of 03/05/2013 and postlaminectomy instability with recurrent HNP at L5-S1. The treatment plan included Neurontin 800 mg #90, Norco 10/325 mg #90 for weaning, Fexmid 7.5 mg #60, and Ultram 150 mg #60 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN DOS 10-30-13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective decrease in pain, objective improvement in function, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. The cumulative dosing of the medications would total 330 mg of oral morphine equivalents per day which exceed guideline recommendations. There was documentation indicating the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of side effects from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Norco 10/325 mg #90 for weaning dispensed 10/30/2013 is not medically necessary.

**RETROSPECTIVE REQUEST FOR NORCO 10/325 MG, #90 FOR WEANING  
DISPENSED 10-30-13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, 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 objective decrease in pain, objective improvement in function, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. The cumulative dosing of the medications would total 330 mg of oral morphine equivalents per day which exceed guideline recommendations. There was documentation indicating the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of side effects from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Norco 10/325 mg #90 for weaning dispensed 10/30/2013 is not medically necessary.

**RETROSPECTIVE REQUEST FOR FEXMID 7.5 MG, #60 DISPENSED 10-30-13:  
Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication since 2012. There was a lack of documented objective functional improvement to support the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Fexmid 7.5 mg #60 dispensed 10/30/2013 is not medically necessary.

**RETROSPECTIVE REQUEST FOR ULTRAM 150 MG, #60 FOR WEANING, DISPENSED 10-30-13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, 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 objective decrease in pain, objective improvement in function, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. The cumulative dosing of the medications would total 330 mg of oral morphine equivalents per day which exceed guideline recommendations. There was documentation indicating the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of side effects from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective for ultram 150 mg #60 for weaning dispensed 10/30/2013 is not medically necessary.