

<b>Case Number:</b>	CM13-0063991		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic knee pain, and chronic bilateral upper extremity pain reportedly associated with an industrial injury of November 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aid; long and short-acting opioids; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. The applicant has also alleged development of derivative depression, anxiety, and sleep disorder, it is incidentally noted. The applicant's case and care have been complicated by issues with thyroid carcinoma and a stomach lymphoma. In a utilization review report of November 22, 2013, the claims administrator denied a request for evaluation into a multidisciplinary pain program; partially certified Norco for weaning purposes; partially certified Sonata, also for weaning purposes; and partially certified Duragesic, also for weaning purposes. The claims administrator stated that the applicant had not exhausted lower levels of care before the screening evaluation for the functional restoration program was sought. The applicant's attorney subsequently appealed. In a November 14, 2013, report, the attending provider reviewed the results of a urine drug screen. On October 1, 2013, the claims administrator noted that the applicant remained chronically ill. The applicant was described as having chronic low back pain, chronic neck pain, depression, anxiety, sleep disturbance, and narcotic dependency with advanced knee arthritis. The applicant carries a history of stomach lymphoma and medullary carcinoma of the thyroid. Authorization was sought for screening evaluation for admission into a multidisciplinary pain program. The applicant was asked to consult an orthopedist to consider knee replacement and followup with his oncologist. Norco, Sonata, and Duragesic were seemingly renewed. In an earlier note of August 13, 2013, the applicant was described as presenting to obtain medication refills. The

applicant was described as appearing chronically ill. Prescriptions for Duragesic, Norco, and Sonata were renewed. It was stated that the applicant should again consider a screening evaluation to attend a multidisciplinary chronic pain program. The note is highly templated and is not materially different from prior or subsequent report.

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

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

**DURAGESIC 62 MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain effected as a result of the same. In this case, the applicant is off work, several years removed from the date of injury. The progress notes provided seemingly detail heightened complaints of pain and ongoing difficulty in terms of performance of activities of daily living despite ongoing opioid usage with both Duragesic and Norco. Continuing the same, on balance, is not indicated. Therefore, the request is not certified, on independent medical review.

**SONATA 10MG:** 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), CHRONIC PAIN CHAPTER

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Insomnia Treatment Topic, Sonata or Zaleplon is indicated for short-term use in the treatment of insomnia for anywhere from 7 to 10 days for up to five weeks. Sonata is not recommended for chronic or long-term use purposes. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Sonata or Zaleplon to the mix is not indicated. Therefore, the request is not certified, on independent medical review.

**NORCO 10/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO, OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, this criteria has not been met despite ongoing opioid usage. The applicant has failed to return to work, although it is unclear whether this is a result of his orthopedic issues, mental health issues, or oncology issues. The applicant was consistently described by the attending provider as appearing chronically ill. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living affected as a result of ongoing opioid therapy. Therefore, the request for Norco is not certified, on independent medical review.

**SCREENING EVALUATION FOR ADMISSION TO A MULTIDISCIPLINARY PAIN PROGRAM:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PATIENTS WITH INTRACTABLE PAIN SECTION Page(s): 6.

**Decision rationale:** As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort "an evaluation for admission for treatment in a multidisciplinary treatment program should be considered." In this case, the applicant has longstanding, chronic, and multifocal pain complaints. He has seemingly exhausted lower levels of care, including time, medications, physical therapy, epidural injections, etc. The applicant has numerous comorbidities and has apparently developed reactive depression. The fact that the attending provider is requesting the evaluation on multiple office visits interspersed throughout 2013 implies that the applicant is in fact prepared to make some effort to try and improve. Therefore, the proposed screening evaluation is certified.