

<b>Case Number:</b>	CM13-0071159		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 66-year-old male who reported an injury on April 24, 2009. The mechanism of injury was not submitted. The patient was diagnosed with lumbago, lumbar myofascial pain, spinal stenosis with neurogenic claudication, opiate dependence, and chronic pain syndrome. The patient reported his pain at 3-4/10. The patient was using Oxycodone IR 20mg, twice a day, and Norco 10/325mg, up to four (4) times a day for breakthrough pain. The patient had no jerk reactions or aberrant behavior. The patient was independent with activities of daily living. The patient reported his life was satisfactory on the medications. The patient reported he would like to remain on the same levels of medications and since his morphine sulfate equivalent is 140mg, there was no reason to reduce it, particularly with colder weather when the patient reported he gets stiffer. The patient was in a good mood, his anxiety was low, and his attitude was positive. Physical examination revealed muscle strength at 5/5, with the bilateral upper and lower extremities. Coordination was normal in all four (4) extremities and the patient did not show evidence of an antalgic gait. The patient was recommended continuation of Oxycodone IR 20mg and Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 TABLETS OF NORCO 10/325MG WITH ONE (1) REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78, 86.

**Decision rationale:** The California MTUS guidelines state that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient rated his pain at 3/10 to 4/10. However, the documentation indicates that the patient's morphine sulfate equivalent is 140mg, and the guidelines recommend dosing not to exceed 120mg oral morphine equivalence daily. Given the lack of documentation to support guideline criteria, the request is non-certified.

**60 TABLETS OF OXYCODONE IMMEDIATE-RELEASE, 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78, 86.

**Decision rationale:** The California MTUS guidelines state that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient rated his pain at 3/10 to 4/10. However, the documentation indicates that the patient's morphine sulfate equivalent is 140mg, and the guidelines recommend dosing not to exceed 120mg oral morphine equivalence daily. Given the lack of documentation to support guideline criteria, the request is non-certified.