

<b>Case Number:</b>	CM14-0006601		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology and is licensed to practice in Tennessee. 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 40 year old male who has submitted a claim for lumbar radiculitis and major depressive disorder, associated with an industrial injury date of 02/25/2008. Medical records from 06/05/2013 to 12/30/2013 were reviewed and showed that the patient complained of back pain, graded 7-8/10, radiating to the legs. Pain is aggravated by movement, and relieved by rest and lying down. Physical examination showed tenderness across the lumbar spine with radiation to the left lower extremity. Straight leg raise test was positive bilaterally. Decreased strength of left hip abduction, left foot dorsiflexion and plantar flexion, right biceps and triceps, right wrist flexion and extension, and left gluteal muscles were noted. DTRs were 2/4 for the bilateral plantar and Achilles reflexes. Decreased sensation to light touch was noted over the L5 and S1 dermatomes. An MRI of the lumbar spine, dated 10/30/2013, revealed disc desiccation with mild central and left paracentral disc protrusion at L5-S1, indenting the exiting S1 nerve root; mild narrowing of the left neural foramina, unchanged when compared with examination of 2008; and disc desiccation with annular disc bulging and facet joint arthritis at L3-L4 and L4-L5 causing mild lateral recess stenosis, unchanged. Treatment to date has included medications and physical therapy. A utilization review dated 12/16/2013, denied the retrospective requests for Norco and Avinza because the patient was at risk for opioid dependence/abuse due to his psychiatric diagnosis, and because there was no documentation of functional or analgesic benefit from opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: NORCO 10/325MG, 1 PO Q4H, #180, NO REFILLS (DOS: 12-9-13):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** As stated on page 78 of MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and 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. In addition, the Official Disability Guidelines classifies patients as 'moderate risk' for opioid abuse if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. In this case, the patient has been prescribed Norco as far back as September 2012. The patient claims that medications decrease his pain from 8-9/10 to 5/10 and that without medications he had total loss of function and needed loose monitoring while performing ADLs. However, the patient is at moderate risk for opioid abuse as he is diagnosed with Major Depressive Disorder. A recent utilization review, dated 07/18/2013, gave modified certification for Norco to facilitate weaning of patient from opioids, but medical records show no discussion of attempts at weaning from opioids. The MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary and appropriate.

**RETROSPECTIVE: AVINZA 45MG, 1 PO BID, #60, NO REFILLS (DOS: 12-9-13):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER; URINE DRUG TESTING, OPIOIDS, TOOLS FOR RISK STRATIFICATION & MONITORING.

**Decision rationale:** As stated on page 78 of the MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and 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. In addition, the Official Disability Guidelines classifies patients as 'moderate risk' for opioid abuse if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. In this case, the patient has been prescribed Avinza as far back as September 2012. The patient claims that medications decrease his pain from 8-9/10 to 5/10 and that without medication he had total loss of function and needed loose monitoring while performing ADLs. However, the patient is at

moderate risk for opioid abuse as he is diagnosed with Major Depressive Disorder. A recent utilization review, dated 07/18/2013, gave modified certification for Avinza to facilitate weaning of patient from opioids, but medical records show no discussion of attempts at weaning from opioids. The MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary and appropriate.