

<b>Case Number:</b>	CM14-0009105		
<b>Date Assigned:</b>	02/19/2014	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 patient is a 39-year-old male who has submitted a claim for therapeutic drug monitor associated with an industrial injury date June 20, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of neck, low back, left hip, left groin and left knee pain. He uses a straight cane on the right side to assist ambulation. He also continues to have symptoms of anxiety and depression. Physical examination showed tenderness over C4-5, C5-6 and C6-7; cervical paraspinal muscle spasms; positive Spurling's test; and limitation of motion of the cervical and lumbar spine. Waddell's signs were also tested and were negative for superficial tenderness, non-anatomic tenderness; negative simulation test (axial loading and simulated rotation does not cause pain); distracted SLR was consistent; non-anatomic sensory changes were negative and over reaction was negative. Cervical spine MRI done on May 29, 2013 revealed cervical straightening; small disc osteophytes at C5-6 and C6-7 with minimal narrowing; and early uncinat and facet ridging noted at several levels also without stenosis. MRI of the lumbar spine obtained on July 28, 2010 showed a 4-5mm broad-based, centrally-oriented, subligamentous disc protrusion, generalized thecal sac effacement with mild spinal canal stenosis with potential for nerve impingement at L4-5; bilateral pars defect at L5-S1 with associated grade I spondylolisthesis of L5 with respect to S1, moderately severe bilateral neural foraminal stenosis suggesting bilateral L5 nerve impingement; and an underlying 4-5mm broad-based and lateral subligamentous disc protrusion built upon the shelf created by the spondylolisthesis at L5-S1. Electrodiagnostic studies of the bilateral upper and lower extremities performed on February 4, 2010 showed normal findings. The diagnoses were lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, and unspecified major depression, recurrent episode. The treatment plan includes a request for Hydrocodone and functional restoration program. Treatment to date has included oral analgesics,

antidepressants, lumbar spine fusion surgery and subsequent hardware removal, aqua therapy, chiropractic therapy, physical therapy, home exercises, LESI and cognitive behavioral therapy. Utilization review from January 7, 2014 denied the request for 1 initial interdisciplinary evaluation at the [REDACTED] functional restoration program because of significant negative predictors of success such as high levels of psychosocial distress, and has demonstrated aberrant drug taking behavior. The request for Hydrocodone bit/APAP 10/325mg #48 has been modified to Hydrocodone bit/APAP #24 for tapering as the patient would likely go into withdrawal when discontinued.

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

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

**Hydrocodone BIT/APAP 10/325 mg #48:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Opioids (On-Going Management), When to Discontinue Opioids), Opioids, indicators for addiction Page(s): 78, 79-80, 87.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related 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. Page 80 states that opioids are discontinued when the patient is requesting opioid medications for their pain, and inconsistencies are identified in the history, presentation, behaviors or physical findings. Indicators and predictors of possible misuse of controlled substances and/or addiction include failure to bring in unused medications, requests for early prescription refills, and no relief of pain or improved function with opioid therapy. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. In this case, the earliest progress report showing Hydrocodone intake was dated March 2012. A progress report on December 13, 2013 showed the patient asking for early refill of Norco 10/325mg because he has decided to flush the medications down the toilet when he began itching after intake. The guideline states that requests for early prescription refills and failure to bring in unused medications may be indicators of possible misuse of controlled substances and/or addiction. Moreover, inconsistency in urine drug screen performed on December 27, 2013 was noted as the patient tested positive for Oxycodone. Weaning is indicated in this patient. Utilization review dated January 7, 2014 stated that previous Norco requests were partially certified for the purpose of weaning. Therefore, the request for Hydrocodone BIT/APAP 10/325 MG #48 is not medically necessary.

**1 initial interdisciplinary evaluation at the [REDACTED] functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

**Decision rationale:** According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, baseline functional testing was not done. Negative predictors of success were also noted such as anxiety, depression and demonstration of aberrant drug taking behavior. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 initial interdisciplinary evaluation at the [REDACTED] functional restoration program is not medically necessary.