

<b>Case Number:</b>	CM14-0009343		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	09/08/1993
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation, 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 55-year-old male who has submitted a claim for Chronic Low Back Pain associated with an industrial injury date of September 8, 1993. Medical records from 1995 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to the right leg, rated 7/10 without medications and 4-5/10 with medications. On physical examination, there was tenderness of the lumbar paraspinal muscles. Right leg lift was positive. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, lumbar chymopapain injection, lumbar epidural steroid injection, L4-5 microdiskectomy with medial facetectomy and foraminotomy, L4-to-sacrum bilateral fusion, right L5-S1 foraminal decompression, left shoulder surgery, and medications including hydrocodone/APAP (since 1996) and amitriptyline. Utilization review from December 26, 2013 modified the request for 1 prescription of Norco 10/325 mg #720 to 1 prescription of Norco 10/325 mg #240 because the patient was a candidate for opioid therapy. The same review denied the request for 1 lab: liver and kidney functions and testosterone level because the patient did not have liver, kidney, or hormone pathology risk factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #720:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 78-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on hydrocodone/APAP since 1996 (18 years to date); however, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. There is no clear rationale for continued opioid management. The request for Norco 10/325 mg, 720 count, is not medically necessary or appropriate.

**1 LAB: LIVER AND KIDNEY FUNCTIONS AND TESTOSTERONE LEVEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 15, 88-89.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the side-effect profile of tricyclic antidepressants such as amitriptyline include anticholinergic side effects and are contraindicated in patients with cardiac conduction disturbances. According to the Chronic Pain Medical Treatment Guidelines, long-term assessment for chronic opioid use include documentation of adverse effects such as constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. In this case, liver and kidney function tests and testosterone level was requested because these can be affected by his medications, which were Norco and amitriptyline. However, the Chronic Pain Medical Treatment Guidelines is silent regarding conducting laboratory studies for documentation of amitriptyline and opioid adverse effects. Instead, the Chronic Pain Medical Treatment Guidelines recommends documentation of subjective evidence of adverse effects as stated above. There is no clear rationale for the requested laboratory procedures for medication monitoring. The request for a liver and kidney functions and testosterone level lab test is not medically necessary or appropriate.