

<b>Case Number:</b>	CM14-0106789		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/20/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & 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:

According to the records made available for review, this is a 60-year-old female with a 10/20/97 date of injury. At the time (5/19/14) of request for authorization for Norco 10/325mg #180, Kadian 100mg #60, and Nabumetone 750mg #60, there is documentation of subjective (chronic pain with difficulty sleeping) and objective (decreased cervical range of motion) findings, current diagnoses (cervical post-laminectomy syndrome, cervicgia, and cervical facet arthropathy), and treatment to date (ongoing therapy with Nabumetone, Norco and Kadian since at least 1/17/14 with stabilization of pain and increase in overall functioning). Medical reports identify education on opioid use and opioid adverse effects. Regarding Norco 10/325mg #180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Kadian 100mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 58, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical post-laminectomy syndrome, cervicgia, and cervical facet arthropathy. In addition, given documentation of ongoing treatment with Norco since at least 1/17/14 with stabilization of pain and increase in overall functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, despite documentation of education on opioid use and opioid adverse effects, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #180 is not medically necessary.

**Kadian 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Kadian (morphine sulfate)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine

(equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnoses of cervical post-laminectomy syndrome, cervicgia, and cervical facet arthropathy. In addition, there is documentation of a patient with chronic pain, in need of continuous treatment. Furthermore, given documentation of ongoing treatment with Kadian since at least 1/17/14 with stabilization of pain and increase in overall functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Kadian. However, despite documentation of education on opioid use and opioid adverse effects, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of the associated requests for Nabumetone and Norco, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Therefore, based on guidelines and a review of the evidence, the request for Kadian 100mg #60 is not medically necessary.

**Nabumetone 750mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical post-laminectomy syndrome, cervicgia, and cervical facet arthropathy. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Nabumetone since at least 1/17/14 with stabilization of pain and increase in overall functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Nabumetone. Therefore, based on guidelines and a review of the evidence, the request for Nabumetone 750mg #60 is medically necessary.