

<b>Case Number:</b>	CM14-0011854		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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:

Patient is a 63-year-old male who has submitted a claim for lumbar radiculopathy, chronic pain syndrome, cervical spondylosis, kidney stone, and polycythemia vera associated with an industrial injury date of June 13, 2007. Medical records from 2013 were reviewed. Patient complained of persistent neck pain and back pain. Neck pain radiated down towards bilateral arm resulting to dropping off objects unintentionally. Back pain radiated to posterior knees. Motor testing of bilateral upper and lower extremities were graded 5+/5. Biceps reflex bilaterally was graded 1+, bilateral triceps reflex graded 2+, and bilateral knee reflex was graded 3+. Tenderness was present at the paralumbar muscles. Straight leg raise test only elicited pain at the lumbar area. Gait was antalgic. Patient was unable to perform toe and heel walking. MRI of the cervical spine showed a 7.8-mm size of fluid around the cord at C3 to C4 without evidence of cord compression. MRI of the lumbar spine, dated December 30, 2013, revealed mild to moderate central stenoses at L2 to L4, severe discogenic disease at L4 to L5, and multilevel foramina stenoses. Treatment to date has included physical therapy and medications such as MS Contin, Norco, and amitriptyline. Utilization review from January 16, 2014 denied the requests for MS Contin 30 mg, #60 and MS Contin 15 mg, #30 because there was little evidence to support chronic use of opioids. The request for Norco 10/325 mg, quantity 120 was modified into quantity 30 for weaning purpose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opioids since December 2013. However, the exact initial opioid intake is unknown considering that industrial injury occurred in 2007. Progress report from December 6, 2013 cited that patient reported pain relief and functional improvement with the use of opioids. There was no evidence of abuse or diversion. Guideline criteria were met. Therefore, the request for MS Contin 30mg #60 is medically necessary.

**MS CONTIN 15MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opioids since December 2013. However, the exact initial opioid intake is unknown considering that industrial injury occurred in 2007. Progress report from December 6, 2013 cited that patient reported pain relief and functional improvement with the use of opioids. There was no evidence of abuse or diversion. Guideline criteria were met. Therefore, the request for MS Contin 15mg #30 is medically necessary.

**NORCO 10/325MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opioids since December 2013. However, the exact initial opioid intake is unknown considering that industrial injury occurred in 2007. Progress report from December 6, 2013 cited that patient reported pain relief and functional improvement with the use of opioids. There was no evidence of abuse or diversion. Guideline criteria were met. Therefore, the request for Norco 10/325mg #120 is medically necessary.