

<b>Case Number:</b>	CM14-0016820		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 injured worker is a 46-year-old male who reported an injury on 12/18/2003 due to a motor vehicle accident. The patient sustained an injury to his low back that resulted in lumbar laminectomy surgery. The injured worker's postsurgical chronic pain was managed with medications. It was documented that the injured worker had been on Kadian, Nucynta, and gabapentin since at least 02/2013. Evaluation dated 02/03/2014, documented that the injured worker had ongoing low back pain complaints. Pain levels were reported at a 7/10 to 8/10 that increased with activity and was improved by 40% due to medications. Physical findings included a positive straight leg raising test with normal motor strength in the bilateral lower extremities and normal gait. It was documented that at the appointment, the injured worker's pain contract was reviewed and re-signed. Diagnoses included lumbago; sciatica; pain in the joint, lower leg. Treatment recommendations included continuation of medications, consideration of a spinal cord stimulator, and continuation of participation in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KADIAN 20MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has 40% pain relief with medication usage and has been able to increase their activity and their home exercise program. It is also documented that an attempt to decrease medication usage is occurring. However, although the clinical documentation does indicate that the injured worker has a narcotic agreement, there is no documentation that the injured worker is regularly monitored for aberrant behavior. There is no documentation of urine drug screens, CURES reporting, or pill counts. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not identify a frequency of treatment. The request for Kadian 20 mg #180 is not medically necessary and appropriate.

**NUCYNTA ER 100MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has 40% pain relief with medication usage and has been able to increase their activity and their home exercise program. It is also documented that an attempt to decrease medication usage is occurring. However, although the clinical documentation does indicate that the injured worker has a narcotic agreement, there is no documentation that the injured worker is regularly monitored for aberrant behavior. There is no documentation of urine drug screens, CURES reporting, or pill counts. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not identify a frequency of treatment. The request for Nucynta ER 100 mg #60 is not medically necessary and appropriate.