

<b>Case Number:</b>	CM14-0110294		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Texas and Ohio. 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 40-year-old male who reported an injury on 05/03/2011, after pulling a bucket of cinderblocks up onto a roof while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, activity modifications and multiple medications. The injured worker was evaluated on 06/06/2014. It was noted that the injured worker was engaged in an opioid agreement and monitored with CURES reporting. Physical findings included painful range of motion and a positive straight leg raising test bilaterally with palpable trigger points of the bilateral L4-5 and L5-S1 paraspinal musculature. It was noted that the injured worker's current medication allowed for increased function without side effects. It was noted that the injured worker had a reduction in pain from a 10/10 to a 7/10 with medications. The injured worker's medications included hydrocodone/acetaminophen 10/325 mg, Duragesic patches 25 mcg, naproxen sodium, omeprazole and gabapentin. The injured worker's diagnoses included degenerative disc disease of the lumbar spine, lumbar discogenic pain syndrome and lumbar radiculitis. The injured worker's treatment plan included a refill of medications. A Request for Authorization was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25 mcg Q3D #10:** Overturned

**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 Opioids, On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The requested Duragesic 25 mcg every 3 days is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence 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 a 10/10 pain rating reduced to a 7/10 with medications that allows for an increased ability to complete his activities of daily living and sit, stand and walk for longer durations with medications. It is noted that the injured worker does not have any side effects resulting from medication usage. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens and CURES reporting. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 04/2014. Therefore, ongoing use of this medication would be supported by guideline recommendations. As such, the requested Duragesic 25 mcg every 3 days #10 is medically necessary and appropriate.

**Norco 10/325 mg 1 po qid #120:** Overturned

**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 Opioids, On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg 1 four times a day #120 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence 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 a 10/10 pain rating reduced to a 7/10 with medications that allows for an increased ability to complete his activities of daily living and sit, stand and walk for longer durations with medications. It is noted that the injured worker does not have any side effects resulting from medication usage. It is also noted that the injured worker is monitored for aberrant behavior with urine drug screens and CURES reporting. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 04/2014. Therefore, ongoing use of this medication would be supported by guideline recommendations. As such, the requested Norco 10/325 mg 1 four times a day #120 is medically necessary and appropriate.

