

<b>Case Number:</b>	CM14-0122055		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported injury on 11/08/2004. The mechanism of injury was not specifically stated. The injured worker underwent a C5-6 and C6-7 interbody fusion with interbody prosthesis and anterior plates in 2011. The injured worker underwent an MRI of the cervical spine. The injured worker's medication included gabapentin 600 mg, and morphine SR as of 2013. The documentation indicated the injured worker was started on Norco for breakthrough pain. The injured worker was noted to have previously been treated with cervical epidural steroid injections, physical therapy, and a home exercise program. The documentation of 06/26/2014 revealed the injured worker had problems obtaining his medications. The injured worker noted some pain control with an increase in Opana. The documentation indicated the injured worker had utilized Norco in the past for a short period of pain relief. The injured worker was noted to be working full time. The injured worker had tenderness to touch in the cervical spine region. The diagnoses included neck pain, cervical disc disease and left arm pain. The treatment plan included a continuation of Opana ER 20 mg, #60, and begin Norco 10/325, #60 1 by mouth twice a day as needed for breakthrough pain. Additionally, the request was made for a urine drug screen. There was a detailed DWC form RFA submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20mg #60 Qty 60.00: 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 Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 89, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain in documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opiates as of 2013. There was a lack of documentation indicating the injured worker had objective functional benefit and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 20 mg, #60 is not medically necessary.

**Norco 10/325mg #60:** 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 Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain in documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opiates as of 2013. There was a lack of documentation indicating the injured worker had objective functional benefit and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the documentation indicated the injured worker had previously utilized Norco for breakthrough pain and it was effective for short pain relief. Given the above, the request for Norco 10/325 mg, #60 is not medically necessary.