

<b>Case Number:</b>	CM14-0122766		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 44-year-old male with a reported date of injury on 08/26/2010. The mechanism of injury was not submitted within the medical records. His diagnosis was noted to include status post lumbar spine fusion at 2 levels. His previous treatments were noted to include surgery, physical therapy, epidural steroid injection, trigger points, and medications. The progress note dated 07/18/2014 revealed the injured worker complained of low back pain rated as high as 9/10 in intensity, but with medications, could go down as low as 6/10 to 7/10 in intensity. The progress note dated 08/05/2014 revealed complaints of low back pain described as sharp and stabbing that radiated to the left lower extremity with numbness and tingling and increased with activities. The physical examination of the thoracolumbar spine revealed tenderness to palpation over the paravertebral muscle spasms bilaterally and decreased range of motion. There was a bilateral positive straight leg raise and a positive Braggard's, Patrick/faber, Kemp's, Milgram's, and Valsalva. There was 4+ tenderness to palpation over the entire left ankle and the provider was unable to perform any orthopedic tests on the left ankle due to severe pain and swelling. The injured worker underwent a very successful lumbar spinal cord stimulator trial and it provided at least 70% pain relief to the low back as well as radicular symptoms in his lower extremities. The injured worker noted improved mobility and less pain as well as the ability to cut back on the amount of Norco from 8 tablets a day to 4 tablets a day. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg 6 to 8 tablets daily #240 for breakthrough pain, Fexmid 7.5 mg for short term use daily #60 for myospasms, Colace 100 mg #100, however, the provider's rationale was not submitted within the medical records, and MS Contin 15 mg twice daily #60 for breakthrough pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 6-8 tabs daily #240:** 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 OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 07/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated with medications his pain rated 6/10 to 7/10 and, without medication, 9/10. The injured worker indicated the oral analgesic medications enabled him to be as functional as possible. There is lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, improvement functional status, without details regarding side effects and urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.

**Fexmid 7.5mg for short term use QD #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 MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The injured worker has been utilizing this medication since at least 07/2014. The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There is a lack of documentation regarding objective functional improvement and the guidelines recommend muscle relaxants for less than 3 weeks. Therefore, the request is not medically necessary.

**Colace 100mg #100:** 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 OPIOIDS, INITIATING THERAPY Page(s): 77.

**Decision rationale:** The injured worker has been utilizing this medication since at least 07/2014. The Chronic Pain Medical Treatment Guidelines recommend when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The previous request for an opioid was not medically necessary, and therefore, the ongoing utilization of Colace is not appropriate. Therefore, the request is not medically necessary.

**MS Contin 15mg BID #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 OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 07/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated with medications his pain rated 6/10 to 7/10 and, without medication, 9/10. The injured worker indicated the oral analgesic medications enabled him to be as functional as possible. There is lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, improvement functional status, without details regarding side effects and urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.