

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0125047 |                              |            |
| <b>Date Assigned:</b> | 08/11/2014   | <b>Date of Injury:</b>       | 06/03/2011 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2014 |

### 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 & 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 31-year-old female who reported an injury on 06/03/2011. The mechanism of injury was not provided. Her diagnoses were noted to be cervical radiculopathy and lumbar radiculopathy. The injured worker was noted to have prior treatment of medication therapy. Diagnostic testing includes an MRI of the lumbar and cervical spine. The injured worker had a clinical evaluation on 05/20/2014. She had subjective complaints of neck pain that radiated down bilateral upper extremities. She also indicated low back pain that radiated down the bilateral lower extremities. She rated her pain a 7/10 in intensity with medications and 9/10 in intensity without medications. The physical exam noted range of motion of the cervical spine was moderately limited due to pain. Sensory examination showed decreased sensation bilaterally. Upper extremity flexor and extensor strength was unchanged from prior exam. The treatment plan was a home exercise program. Her medications were noted to be Butalbital/APAP/caffeine, Hydrocodone, Lyrica, morphine, and Nucynta. The provider's request was noted within the clinical examination on 05/20/2014. A Request for Authorization form was not noted within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
There is no documentation of functional improvements in ADLs as a result of the present

narcotics. Furthermore CAMTUS Chronic Pain Guidelines do not recommend narcotics for long term use.

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

**Decision rationale:** The request for Morphine sulfate 15mg #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not provide an adequate pain assessment for a patient on chronic opioid therapy. An assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the documentation submitted for review failed to indicate side effects and urine drug screen. The provider's request failed to indicate a dosage and frequency. As such, the request for Morphine Sulfate 15mg #90 is not medically necessary.

**Hydrocodone 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The request for Hydrocodone 10/325 mg #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not provide an adequate pain assessment for a patient on chronic opioid therapy. An assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. In addition, the documentation submitted for review failed to indicate side effects and urine drug screen. The provider's request failed to indicate a dosage and frequency. As such, the request for Hydrocodone 10/325 mg #90 is not medically necessary.

**Butalbital/apap/caffeine 50/325/40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guideline does not support barbiturates in the treatment of chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The request for Butalbital/APAP/caffeine 50/325/40mg #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend this medication for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In addition, the provider's request fails to indicate a dosage and frequency. As such, the request for Butalbital/APAP/caffeine 50/325/40mg #30 is not medically necessary.