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| <b>Case Number:</b>   | CM14-0183877 |                              |            |
| <b>Date Assigned:</b> | 11/10/2014   | <b>Date of Injury:</b>       | 01/22/2004 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2014 |

### 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 Occupational Medicine 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:

This is a 59-year old male patient with a date of injury on 1/22/2004. In a progress noted dated 10/14/2014, the patient's pain was the same as the previous visit. Without medications, his pain was 9/10 and he was bed bound frequently. With the medications, his pain was 7/10 and he was able to walk about a block or about 30 minutes before taking a break. Objective findings: tenderness of paraspinal region at L3 and the iliolumbar region, and pain with motion in lumbar spine. He was not working. The diagnostic impression shows lumbar post-laminectomy syndrome and chronic pain syndrome. Treatment to date includes medication management, behavioral modification, and surgery. A UR decision dated 10/22/2014 denied the request for MS Contin ER 60mg #150 with 2 refills, and Norco 10/325mg #180 with 2 refills. The rationale provided regarding both denials was that no supporting evidence of objective functional benefit with medication use was documented. There was no evidence of risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin ER 60mg #150 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in a progress note dated 10/14/2014, there was no objective functional improvement documented with the opioid regimen. Furthermore, this patient was also on Norco 10/325 #180, and with the addition of MS Contin ER 60 #150, the morphine equivalent dose was 360. Any morphine equivalent dose above 120 can result in opioid toxicity. Symptoms such as respiratory depression and death can occur. Lastly, this patient has been on this medication since at least 3/19/2014, and there was no evidence of a pain contract or attempts at weaning. Therefore, the request for MS Contin ER 60mg #150 with 2 refills is not medically necessary.

**Norco 10/325mg #180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in a progress note dated 10/14/2014, there was no objective functional improvement documented with the opioid regimen. Furthermore, this patient was also on MS Contin ER 60 #150, and with the addition of Norco 10/325 #180, the morphine equivalent dose was 360. Any morphine equivalent dose above 120 can result in opioid toxicity. Symptoms such as respiratory depression and death can occur. Lastly, this patient had been on this medication since at least 3/19/2014, and there was no evidence of a pain contract or attempts at weaning. Therefore, the request for Norco 10/325mg #180 with 2 refills is not medically necessary.