

<b>Case Number:</b>	CM14-0027006		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/12/1997
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation 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:

The injured worker is a 54-year-old male who reported an injury on 10/12/1997, caused by an unspecified mechanism. The injured worker's treatment history included medications, pain management consult, surgery and MRI. The injured worker was evaluated on 02/17/2014, and it was documented that the injured worker was being re-evaluated after being 3 months status post lumbar hardware removal. It was noted that the injured worker was happy with the results but still had some baseline low back pain, which required management pain with medications. The provider indicated that the injured worker was having some gastrointestinal problems with his medications, so he prescribed Nexium. The physical examination of his low back noted that the incisions were healing well. His neurovascular status was intact. He still had some generalized stiffness in the lower back; however, the motor strength was within normal limits. He had some dysesthesias into the buttocks and hips, but sensation was intact. Per the documentation, the provider noted that his pain management referral had been authorized however, the appointment was not made at present time. The diagnoses included lumbar disc displacement and post laminectomy syndrome, lumbar. Request for Authorization dated 02/17/2014 was for Kadian and Norco and the rationale was for baseline pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KADIAN 60 MG #60 X2:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Kadian is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.

**NORCO 10/325 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): page(s) 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.