

<b>Case Number:</b>	CM14-0033069		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Family 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:

The patient is an employee of [REDACTED] and has submitted a claim for degenerative disc disease of the lumbar spine and multilevel lumbar spinal stenosis with early onset cauda equina syndrome associated with an industrial injury date of November 18, 2004. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, anterior posterior decompression fusion at L3-S1 in December 2012. Medical records from 2013-2014 were reviewed. Patient complained of chronic back pain with radiation to the right leg. Physical examination of the lumbar spine showed restricted range of motion at flexion of 70 degrees, extension of 20 degrees, and lateral flexion of 30 degrees on each side. Utilization review from February 10, 2014 denied both requests for Norco 10/325MG tablet, #180 and Dilaudid 4MG tablet, #30. The use of 2 short acting opioids analgesics is not generally recommended per guidelines recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines specify "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patient on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (on non-adherent) drug-related 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." In this case, the patient was prescribed with Norco for breakthrough pain as early as September 2013. Patient has been experiencing low back pain graded 10/10 in severity and relieved to 5/10 upon intake of Norco. He was likewise able to perform cooking, cleaning, light household chores, and grocery shopping with its use. Moreover, patient did not report of any adverse effects associated with chronic opioid use. The guideline criteria have been met. Therefore, the request for Norco 10/325MG, #180 is medically necessary.

**DILAUDID 4MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST Page(s): 93.

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines specify "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patient on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (on non-adherent) drug-related 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. In this case, the patient was prescribed with Dilaudid as early as September 2013. However, a progress report written on 03/27/2014 cited that Dilaudid has been discontinued already due to lack of derived benefits. There is no further indication for certifying this request. Therefore, the request for Dilaudid 4MG, #30 is not medically necessary.