

<b>Case Number:</b>	CM14-0053791		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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:

Patient is a 52 year old male with a date of injury on 11/2/2007. Diagnoses include chronic pain, lumbar facet arthropathy, lumbar radiculopathy, status post lumbar fusion, and chronic nausea/vomiting. Subjective complaints are of low back pain with numbness in the bilateral legs and muscle weakness. Pain is 6/10 with medications and 10/10 without medications. Physical exam shows lumbar muscle spasm and tenderness, decreased range of motion, and decreased motor strength in L4-S1 distribution bilaterally. Medications include Fentanyl Patch, Gabapentin, Hydrocodone/APAP, Ondansetron, Protonix, Restone, Viagra, Ambien, Mirtazapine, and Flexeril. Office records indicate that Tizanidine was discontinued due to patient request. Submitted documentation indicates that medications provide pain relief, and functional improvement. Records also indicate unsuccessful attempts at weaning, and no inconsistencies on Controlled Substance Utilization Review and Evaluation System (CURES) report. There are no recent urine drug screens present in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg, quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The California MTUS Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS Opioid Compliance Guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. The use of this medication is consistent with the guidelines. Therefore, Hydrocodone 10/325mg, quantity 180 is medically necessary for this patient.

**Tizanidine 4mg, quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tizanidine.

**Decision rationale:** The California MTUS and the ODG states that Tizanidine has FDA approval for management of spasticity; and unlabeled use for low back pain. For this patient, while spasm and low back pain are present, documentation indicates that Tizanidine was discontinued at patient request. Therefore, Tizanidine 4mg, quantity 60 is not medically necessary.

**Fentanyl 75mcg/hr patch, quantity 10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. The use of this medication is consistent with the guidelines. Therefore, Fentanyl 75mcg/hr. patch, quantity 10 is medically necessary for this patient.

**Urine Drug Screen:** Overturned

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

Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Urine Drug Testing (Updated 03/18/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** The California MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For low risk patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has not been documentation of a recent drug screen. Urine drug screening is supported by the guidelines and clinical documentation. Therefore, periodic urine drug screening is medically necessary.