

<b>Case Number:</b>	CM14-0064414		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/26/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 61 year old male. The date of injury is October 26, 2000. The patient sustained a slip and fall injury. The specific mechanism of injury was not elaborated on in the notes available for review. The patient sustained an injury to the lumbar spine. The primary pain complaint is lumbar back pain and lower extremity pain. The primary diagnosis is a sciatica. The patient is maintained on the multimodal pain medication regimen including Norco, Flexeril, Ambien, and Duragesic patch. A request for Norco, Flexeril, Ambien, and Duragesic patch was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG, count 30 for weaning.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-97.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, (b) The lowest possible dose should be prescribed to improve pain and function, (c)

Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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, (d) To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management, (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), (g) Continuing review of overall situation with regard to nonopioid means of pain control, and (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the patient has returned to work, (b) the patient has improved functioning and pain. There is no current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects. Additionally the patient has not to return to work nor has objective, consistent documented improved functioning in pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Ambien 10MG, count 5 for weaning:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic) Ambien (Zolpidem).

**Decision rationale:** According to the documents available for review, the patient does not carry diagnoses of insomnia. Furthermore the patient has been using this medication for long-term treatment. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Flexeril 10MG, count 30 for weaning.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

**Decision rationale:** According to the MTUS, flexeril, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the documents available for review, the patient has been maintained on this medication for more than three weeks. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Duragesic 75MCG/hour, count 5 for weaning.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-97.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, (b) The lowest possible dose should be prescribed to improve pain and function, (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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, (d) To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management, (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), (g) Continuing review of overall situation with regard to nonopioid means of pain control, and (h) Consideration of a consultation with a

multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the patient has returned to work, (b) the patient has improved functioning and pain. There is no current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects. Additionally the patient has not returned to work nor has objective, consistent documented improved functioning in pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Additionally, the MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. According to the records review there's no evidence of a pain management consultation has taken place. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.