

<b>Case Number:</b>	CM14-0074578		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 08/06/2009. The mechanism of injury was noted to be a fall. His diagnosis was lumbar spondylosis, status post fusion. His treatment included medications and chiropractic care. Pertinent diagnostics included an MRI of the lumbar spine. Prior surgical history includes decompression and transforaminal lumbar interbody fusion with instrumentation. The injured worker's subjective complaints were noted to be low back pain that radiated down the left and foot with numbness and tingling. The objective findings upon physical examination were foot drop of the left foot, causing him to have an antalgic gait. He wears a brace and uses a cane. He continued with lumbar paraspinal muscular tenderness. The treatment plan was for medication refills. The provider's rationale for the request was not noted within the documentation submitted for review. The Request for Authorization form was not noted within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abstral 100 ugm # 32:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Abstral 100 ugm quantity 32 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially (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 overtime should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not provide an adequate pain assessment. It is not noted that there has been a recent urine drug screen, or that side effects have been addressed. It is not noted that the medication is providing efficacy. A 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. In addition to lack of an adequate pain assessment, the provider's request fails to indicate a dose frequency. As such, the request for Abstral 100 ugm quantity 32 is non-certified.