

<b>Case Number:</b>	CM14-0204380		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Practice, 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:

59 year old female claimant who sustained a work injury on January 10, 2002 involving the neck and low back. She was diagnosed with cervical and lumbar disc disease with intractable pain. Progress note on August 15, 2014 indicated the claimant had been struggling with her current dose of pain medication. However she did not want to increase her dose. Exam findings were notable for tenderness in the cervical and lumbar paraspinal region. There were no abnormal neurologic findings. The physician recommended the functional restoration program evaluation and detoxification program. He wanted to wean her off of narcotics. At the time, the claimant has been on Kadian 50 mg twice daily and Norco 10 mg four times a day. In addition, she had been on dextroamphetamine 5 mg three times a day. A progress note on September 12, 2014 and 11/7/14 indicated the same complaints, physical examination and continuation of medication dosages as well as Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine/Opioids Page(s): 82-92.

**Decision rationale:** Kadian is Morphine Sulfate. According to the guidelines, maximum morphine dose per d 120 mg. In this case, the claimant has been on Norco and Morphine. The combined daily dose exceeded the 120 mg recommended guidelines. In addition, there was no indication of weaning over the last several months as planned by the position previously. Continued use of Kadian is not medically necessary.

**Norco 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Kadian for several months without significant improvement in pain or function. The combined daily dose exceeded the 120 mg morphine equivalent recommended guidelines. The continued use of Norco is not medically necessary.

**Dextroamphetamine 5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR reference 2014; [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Attention-Deficit/Hyperactivity Disorder: Management; Michael L. Szymanski, M.D., and Adam Zolotor, M.D., M.P.H. University of Michigan Medical School, Ann Arbor, Michigan Am Fam Physician. 2001 Oct 15; 64(8):1355-1363.

**Decision rationale:** Amphetamines are used to manage attention deficit hyperactivity disorder. The claimant did not have that diagnosis. There was no specified indication for using stimulant medications. The use of Dextroamphetamine is not medically necessary.

**Baclofen 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The claimant does not have the above diagnoses and therefore its use is not medically necessary.