

<b>Case Number:</b>	CM14-0211288		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Ohio. 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 46 year old male with a date of injury of May 16, 2007. The mechanism of injury is not given. Injured worker had a fusion from L4-S1 in 2007 but continues to have severe low back pain and sacroiliac pain on the left side. He has been dependent on high-dose opioids, anti-inflammatories, and muscle relaxants. He rates his pain at 10/10 without medication and during flares and improves functionally with medication but still rates that pain at a 9/10. Without medication the injured worker is essentially bedridden. With medication he can ambulate, perform household chores, and go shopping. The medical record reflects that constipation is being addressed, that urine drug screens and CURES reports are consistent, and that there is a signed opiate agreement. The physical examination reveals tenderness to palpation of the left sacroiliac joint, the left lumbar paravertebral muscles, and the left-sided transverse processes of L4-L5. There is diminished lumbar range of motion, a positive Faber test, a positive stork test, and a positive straight leg raise test on the left. The diagnoses include failed back syndrome, inter vertebral lumbar disc disorder without myelopathy, lumbar spine instability, radiculopathy, and sacroiliitis. At issue are requests for Norco 10/325 mg #84, MS Contin 100 mg #56, and Dilauded 4 milligrams #112. These medication doses and prescribed amounts have remained consistent for several months. The requests were previously noncertified due to a lack of subjective and objective information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Hydrocodone 10mg Acetaminophen 325mg Quantity 84: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

**Decision rationale:** Patients prescribed opioids chronically to have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. According to the guidelines, opioids may generally be continued if pain relief and functionality can be shown to be improved. If that is the case, the dose of opioid should not be lowered. In this instance, the record reflects that the injured worker gets pain relief and has improved functionality with the opioids. Medication side effects are being addressed. Appropriate monitoring for aberrant drug taking behavior is occurring. Therefore, the retrospective request for Hydrocodone 10mg Acetaminophen 325mg quantity 84 is medically necessary.

**Retrospective: MS Contin 100mg extended release quantity 56:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93.

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

**Decision rationale:** Patients prescribed opioids chronically to have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. According to the guidelines, opioids may generally be continued if pain relief and functionality can be shown to be improved. If that is the case, the dose of opioid should not be lowered. In this instance, the record reflects that the injured worker gets pain relief and has improved functionality with the opioids. Medication side effects are being addressed. Appropriate monitoring for aberrant drug taking behavior is occurring. Therefore, the retrospective request for MS Contin 100mg extended release quantity 56 is medically necessary.

**Retrospective: Dilaudid 4mg quantity 112:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93.

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

**Decision rationale:** Patients prescribed opioids chronically to have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. According to the guidelines, opioids may generally be continued if pain relief and functionality can be shown to be improved. If that is the case, the dose of opioid should not be lowered. In this instance, the record reflects that the injured worker gets pain relief and has improved functionality with the

opioids. Medication side effects are being addressed. Appropriate monitoring for aberrant drug taking behavior is occurring. Therefore, the retrospective request for Dilaudid 4mg quantity 112 is medically necessary.