

<b>Case Number:</b>	CM15-0009258		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 4-10-02. The injured worker is being treated for spinal lumbar degenerative disc disease, low back pain and post lumbar laminectomy syndrome. Urine drug screen performed on 10-28-14 was consistent with medications prescribed. Treatment to date has included lumbar laminectomy, oral medications including Lunesta, Klonopin 1mg, MS Contin 100mg Senna, Norco 10-325mg and topical Androgel; transforaminal epidural steroid injection, right sacroiliac joint injection and activity modifications. It is unclear how long he has utilized the medications. On 10-28-14, the injured worker complains of low back ache, unchanged since previous visit and poor quality sleep. Documentation did not include level of pain prior to and after medications or duration of pain relief. Physical exam performed on 10-28-14 revealed restricted range of motion of lumbar spine with decreased lumbar lordosis, post-laminectomy scar noted, tenderness and hypertonicity of paravertebral muscles and tenderness over bilateral trochanteric bursa. The treatment plan included refilling of MS Contin 10mg, Norco, Klonopin, Lunesta and Androgel. On 1-9-15 request for Norco 10-325mg #120, Klonopin 1mg #60 and MS Contin 100mg #90 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 tablet mg sig: take 1 every 4-5 hours as needed for pain (maximum 4/day) quantity 120 refills 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 for several months in combination with MSContin. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Klonopin 1 mg tab sig: 1 every morning, 1 every evening quantity 60 refills 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant had been on Klonopin for several months for unknown benefit. Long-term use is not recommended and is not medically necessary.

**MS Contin 100mg tablet sig: take 1 three times a day quantity 90 refills 0 for symptoms related to lumbar region as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

**Decision rationale:** Oral morphine is not intended as a 1st line agent for mechanical or compressive etiologies. It is not recommended in doses exceeding 120 mg daily. The claimant was on 300 mg daily along with Norco. There was no mention of weaning attempt. Long-term use can lead to addiction and side effects as well as tolerance. Continued use of high dose Morphine is not medically necessary.

