

<b>Case Number:</b>	CM15-0102109		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/27/1999
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female, who sustained an industrial injury on 12/27/1999. Initial complaints and diagnosis were not clearly documented. On provider visit dated 02/05/2015 the injured worker has reported low back pain down both legs and lower backache. Pain level on medication was noted as an 8 to of 10. Pain level without medication was noted 10 out of 10. Sleep was noted as poor and activity level has remained the same. On examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion was noted as restricted. Tenderness to palpation was noted in the paravertebral muscles. Positive Faber test and tenderness to palpation was noted over the right trochanter and right posterior superior iliac spine, numerous myofascial points of tenderness in buttock, and paraspinal area was noted. The diagnoses have included post lumbar laminectomy syndrome, hip bursitis, spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain and myalgia and myositis NOS. Treatment to date has included Duragesic patch, Norco, Protonix, Paxil, and Wellbutrin XL. Medication that was noted to fail was noted as Lyrica and Oxycodone. The provider requested Oxymorphone HCL ER 10 mg #30 with 2 refills and Norco 10/325mg 360 with 2 refills. There was no clear evidence submitted of any significant reduction in pain level or improvement in functional capacity resulting from previous Norco use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone HCL ER 10 mg #30 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 8/10 and allowing for improved activities of daily living tolerance and ability to play with her grandchildren. When seen, the claimant was requesting a change in medication due to the expense of Duragesic. Physical examination findings included and antalgic gait and was using a wheelchair and cane. There was decreased range of motion with tenderness and tenderness over the greater trochanteric bursa. Duragesic and Norco were being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Oxymorphone ER and Norco were prescribed at a total MED of 50 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxymorphone ER is a sustained release opioid often used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management as a replacement for Duragesic. There were no identified issues of abuse or addiction and medications at a higher dose were providing a degree of pain control significant for the claimant and allowing for improved activities of daily living and quality of life. The total MED (morphine equivalent dose) when prescribed was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Oxymorphone ER was medically necessary.

**Norco 10/325 mg #60 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 8/10 and allowing for improved activities of daily living tolerance and ability to play with her grandchildren. When seen, the claimant was requesting a change in medication due to the expense of Duragesic. Physical examination findings included and antalgic gait and was using a wheelchair and cane. There was decreased range of motion with tenderness and tenderness over the greater trochanteric bursa. Duragesic and Norco were being prescribed at a

total MED (morphine equivalent dose) of 140 mg per day. Oxymorphone ER and Norco were prescribed at a total MED of 50 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a degree of pain control significant for the claimant and allowing for improved activities of daily living and quality of life. The total MED (morphine equivalent dose) when prescribed was now less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.