

<b>Case Number:</b>	CM15-0132314		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/05/1993
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 female who sustained an industrial /work injury on 2/5/93. She reported an initial complaint of lower backache. The injured worker was diagnosed as having lumbar disc disorder, lumbar radiculopathy, and lost lumbar laminectomy syndrome. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of lower backache rated 6/10 with medication and 10/10 without medication. There was anxiety and depression. Per the primary physician's report (PR-2) on 6/2/15, exam noted antalgic gait, loss of normal lordosis with straightening of the lumbar spine and surgical scar(s), restricted range of motion, paravertebral muscle spasm, tenderness and tight muscle band on both the sides, positive lumbar facet loading on both sides, ankle jerk and patellar jerk is ¼ on both sides, light touch sensation is decreased over lateral foot, lateral calf, 1st toe, 3rd toe on the right side, sensation to pin prick is decreased over the lateral foot and lateral calf on the right side, and positive straight leg raise on both sides. Current plan of care included diagnostics and medication. The requested treatments include MS Contin 30mg, Norco 10/325mg, and Docusate Sodium 250mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg 1x/morning, 1x/afternoon, 1x/evening #90: Upheld**

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

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Prior utilization review modified similar requests to facilitate weaning. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request as weaning has already been recommended. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for MS Contin is not considered medically necessary.

**Norco 10/325mg 3 per day as needed x 90:** Upheld

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

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Prior utilization review modified similar requests to facilitate weaning. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request as weaning has already been recommended. Given the lack of clear evidence

to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

**Docusate Sodium 250mg 2 per day x 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**Decision rationale:** The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, utilization review denied the request for further treatment of opioid related constipation as opioids are no longer certified. In the opinion of this reviewer, without further elaboration on a reason to continue docusate sodium without use of opioids, the denial by utilization review was appropriate, and therefore the request is not considered medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment.