

<b>Case Number:</b>	CM15-0132951		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: California, North Carolina  
 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 38 year old male who sustained an industrial injury on 07/22/2008 resulting in injury to the spine and left elbow. Treatment provided to date has included: lumbar microdiscectomy at L3-4 (2014); medications (previously Inderal, Topamax and gabapentin); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine as reported in the progress notes and showing degenerative disc disease with loss of disc height at multiple levels, multiple disc bulges, and posterior decompression changes; urine drug screening (11/2014) showing negative findings for Norco; and urine drug screen (02/2015) showing inconsistent results as there was no detection of oxymorphone. Past medical history includes; angina, dizziness, fracture history, arthritis conditions, seizure disorders, headaches, asthma, shortness of breath, and previous back surgery. There were no other dates of injury noted. On 06/22/2015, physician progress report noted complaints of left elbow pain with weakness and throbbing. The pain was rated 7/10 in severity, and was described as aching, burning, inconsistent, pressure, pulling, shooting, throbbing, tingling, and numbness. The pain was reported to be worsened by flexion and extension and activities which require movement. Additional complaints included low back pain which was rated 7/10 in severity and described as aching, burning, pulling, shooting, stiff and shocks. There were also reports of difficulty sleeping and headaches. Current medications include Flexeril 10mg one twice daily, Norco 10-325mg one 3 times daily, and oxymorphone ER 40mg 12 hours sustained release - one tablet 4 times daily. The injured worker has been prescribed these medications since as early as 2013. The report states that the injured worker has not been using medications consistently due to having to pay

out of pocket, but when using medications, pain is reduced by about 70%. The physical exam revealed back stiffness and antalgic gait, decreased muscle strength in the left lower extremity, pain across lumbar spine, decreased deep tendon reflexes in the lower extremities, and decreased light touch sensation in the L4-S1 dermatomes. The provider noted diagnoses of left elbow contusion and strain with residual loss of full extension, lumbosacral strain with disc bulges at L3-4 and L4-5 per MRI, and lumbar radicular symptoms. The injured worker was reported to have both nociceptive and neuropathic pain as well as inflammatory pain. Plan of care includes refills of current medications and follow-up in one month. The injured worker's work status was indicated to be permanent and stationary. The request for authorization and IMR (independent medical review) includes oxymorphone ER 40mg #120 and Norco 10-325mg #270.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxymorphone ER 40 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pg 78-80 Page(s): 74-96.

**Decision rationale:** CA MTUS states that ongoing opioid use is supported if the prescription is from a single practitioner, the medication is prescribed at the lowest possible dose and there has been ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case the date of injury was in 2008 and the patient currently complains of elbow and low back pain. There is no evidence of non-opiate means of pain control. A recent urine drug screen was inconsistent, failing to show the presence of Oxymorphone. The patient's morphine equivalent dose is 570/day, far exceeding the recommended 120/day. Based on the above findings, the request for Oxymorphone ER 40 mg qid is not medically necessary or appropriate.

**Norco 10/325 mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic use Page(s): 78-80.

**Decision rationale:** CA MTUS states that ongoing use of opioid therapy is supported if the prescriptions are from a single provider, are prescribed at the lowest possible dose, and if there is review and documentation of pain relief, functional status, appropriate use and side effects. In this case the date of injury is 2008 and the patient currently complains of elbow and low back pain. The patient's previous use of opioids is unclear from the documentation submitted. There is no evidence of non-opiate use for pain control. A recent urine drug screen was inconsistent.

The patients morphine equivalent dose is 570/day, far exceeding the recommended dosage of 120/day. The request for Norco 10 mg, #9/day, is not medically necessary or appropriate.