MAXIMUS Federal Services

| Case Number: | CM15-0139446 | | |
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| Date Assigned: | 07/29/2015 | Date of Injury: | 05/28/2008 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

## 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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 male, who sustained an industrial injury on 05-28-2008. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic low back pain, lumbar fusion, lumbar radiculopathy, and bilateral knee pain status post right knee reconstruction and left knee arthroscopy. Treatment and diagnostics to date has included lumbar spine surgery, lumbar epidural steroid injection, bilateral knee surgeries, hyaluronic acid injections to knees, cortisone injections to knees, and medications. The medications listed are Gralise, Zanaflex, Lidoderm, Amitiza, Viagra, lorazepam, omeprazole, In a progress note dated 06-10-2015, the injured worker reported chronic low back pain that radiates to both of his hips and rated his pain a 6 to 7 out of 10 on the pain scale. The injured worker also reported bilateral knee pain. Objective findings include an antalgic gait, tenderness to palpation of the lumbar paraspinal muscles, limited lumbar spine range of motion, diminished sensation to light touch throughout left lower extremity, and positive seated straight leg raise test on the left. It is noted also that the most recent urine drug screen from 10-26-2015 was consistent with prescribed analgesics without any evidence of illicit drug use. Lumbar spine MRI dated 03-25-2015 showed stable post-surgical changes at L5-S1, persistent bilateral foraminal narrowing at L4-5 with compression of the exiting bilateral L4 nerve roots, and additional chronic degenerative changes appear similar to prior, per physician. The treating physician reported requesting authorization for Norco and Opana ER.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 with 1 refill:** Upheld

**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 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic and PT. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. The presence of persistent high pain scores and lack of significant functional restoration despite utilization of high doses of opioid medications is indicative of opioid induced hyperalgesia. The guidelines did not support to prescription of opioid medication refills because of documentation of continual opioid indication, compliance and absence of adverse effect. It is recommended that patients on high dose opioids be referred to Pain Program or Addiction Centers for safe weaning. The criteria for the use of Norco 10/325mg #120 with 1 refill was not met. Therefore, the request is not medically necessary.

**Opana ER 7.5 mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic and PT. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. The presence of persistent high pain scores and lack of significant functional restoration despite utilization of high doses of opioid medications is indicative of opioid induced hyperalgesia. The guidelines did not support to prescription of opioid medication refills because of documentation of continual opioid indication, compliance and absence of adverse effect. It is recommended that patients on high dose opioids be referred to Pain Program or Addiction Centers for safe weaning. The criteria for the use of Opana ER 7.5mg #60 with 1 refill was not met. Therefore, the request is not medically necessary.