

<b>Case Number:</b>	CM15-0141385		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/15/1992
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 62 year old female, who sustained an industrial injury on April 15, 1992. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and lumbar post laminectomy syndrome. Treatments and evaluations to date have included lumbar surgery, lumbar epidural steroid injections (ESIs), spinal cord stimulator (SCS), physical therapy, and medication. The injured worker reports chronic low back pain that was radiating down her bilateral lower extremities with associated numbness and tingling, bowel irregularity, and depression. The Treating Physician's report dated May 11, 2015, noted the injured worker reported that with the use of her Morphine and Norco her pain is reduced to 4 out of 10 on the visual analog scale (VAS), and is able to concentrate better and be more active, able to perform light housekeeping and light laundry with less pain. The injured worker was noted to be recovering from non-industrial foot surgery. The injured worker's current medications were noted to include Parafon Forte, Neurontin, Morphine Sulfate ER, and Norco. The injured worker was noted to be using 150 mg of Morphine per day with 2-3 tablets of Norco 10-325mg. The treatment plan was noted to include prescriptions for the Morphine Sulfate ER, Parafon Forte, and Norco with the Norco being increased from twice a day as needed for pain to three times a day as needed for pain. The work status was noted to be permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone / Acetaminophen) is indicated for moderate to moderately severe pain. The physician noting on March 16, 2015, the intent to wean the Norco from three tablets a day to two tablets per day. On May 11, 2015, the injured worker was noted to be taking two to three tablets of Norco per day. The physician increased the Norco back to three tablets per day as needed for pain, with the injured worker consistently reporting the same visual analog scale (VAS) level with use of the Norco in conjunction with her Morphine. Although the injured worker reported that with the use of her Norco and Morphine, she was able to be more active with less pain, there is no documentation of objective measurable improvement in the injured worker's work status, ability to perform specific self-care activities of daily living (ADLs), or in the dependency on continued medical treatment with use of the Norco. The documentation did not include a pain assessment that identified the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Norco, how long it takes for pain relief, and how long the pain relief lasts. The injured worker's morphine equivalent dose (MED) is 170-180mg per day, far exceeding the recommended maximum of 120mg per day. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Norco 10/325mg #90. The request is not medically necessary.

**Parafon Forte DSC 500mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Chlorzoxazone.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The Official Disability Guidelines (ODG) notes Parafon Forte (Chlorzoxazone) is an antispasmodic muscle relaxant recommended for "short term, (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain." The injured worker was noted to be prescribed the Parafon Forte since at least March 2015, far exceeding the recommended treatment of less than two weeks. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, muscle tension, mobility, or dependency on continued medical treatment with the use of the Parafon Forte. There were no physical examinations that identified the injured worker with muscle tension or spasms. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Parafon Forte DSC 500mg #90. The request is not medically necessary.

**Retro Morphine sulfate ER 30mg #150 (DOS: 5.11.15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain

assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Morphine Sulfate is a long acting highly potent opioid. On March 16, 2015, the physician noted resuming the Morphine, as the injured worker had side effects with the Methadone. The injured worker was noted to have previously utilized 120mg of Morphine, but felt she wanted to stay on 150mg per day. Although the injured worker reported that with the use of her Morphine and Norco she was able to be more active with less pain, there is no documentation of objective measurable improvement in the injured worker's work status, ability to perform specific self-care activities of daily living (ADLs), or in the dependency on continued medical treatment with use of the Morphine. The documentation did not include a pain assessment that identified the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Morphine, how long it takes for pain relief, and how long the pain relief lasts. The injured worker's morphine equivalent dose (MED) is 170-180mg per day, far exceeding the recommended maximum of 120mg per day. Based on the guidelines, the documentation provided did not support the medical necessity of the retrospective request for Morphine Sulfate ER 30mg #150 for the date of service of May 11, 2015. The request is not medically necessary.