

<b>Case Number:</b>	CM15-0145626		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/22/1995
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69-year-old male who sustained an industrial injury on 11-22-95. Initial complaints and diagnoses are not available. Treatments to date include a medical branch block at C3-4, which provided 70% improvement during the anesthetic phase, as well as medications, injections, physical therapy, Botox injections, spinal injections, and back surgery. Diagnostic studies include multiple MRIs. Current complaints include back pain. Current diagnoses include lumbar post laminectomy syndrome, cervicogenic headache, osteoarthritis, myofascial, and failed neck surgery syndrome. In a progress note dated 07-10-15, the treating provider reports the plan of care as medications including MS Contin, Dilaudid, and Butalbital. The requested treatment includes medications including MS Contin, Dilaudid, Butalbital, and a urine drug screen. The documentation supports that the injured worker has been on MS Contin and Butalbital since at least 11-03-11, Dilaudid since at least 01-09-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of MS Contin 30mg #60: Overturned**

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

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

**Decision rationale:** The patient presents with pain affecting the. The current request is for 1 Prescription of MS Contin 30mg #60. The treating physician states in the report dated 7/10/15, "MS Contin 30mg q 12 hours #60." (6B) The treating physician also documents that the patient rates their pain as a 7-8/10 but with medication is able to perform ADLs and the patient's urine drug screen was consistent. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

**1 Prescription of Dilaudid 4mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Long-term users of opioids (6 months or more).

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

**Decision rationale:** The patient presents with pain affecting the. The current request is for 1 Prescription of Dilaudid 4mg #60. The treating physician states in the report dated 7/10/15, "Dilaudid 4mg bid #60." (6B) The treating physician also documents that the patient rates their pain as a 7-8/10 but with medication is able to perform ADLs and the patient's urine drug screen was consistent. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

**1 Prescription of Butalbital 50/325/40 #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The patient presents with pain affecting the. The current request is for 1 Prescription of Butalbital 50/325/40 #180. The treating physician states in the report dated 7/10/15, "Butalbital 6 per day #180." (6B) The MTUS Guidelines state, "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents." In this case, the treating physician has prescribed a medication that is not recommended by the MTUS guidelines. The current request is not medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use, ongoing management. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug Screen.

**Decision rationale:** The patient presents with pain affecting the. The current request is for 1 urine drug screen. The treating physician states in the report dated 7/10/15, "UA for review." (6B) The patient recently had a urine drug screen on 5/12/15. (5B) The ODG Guidelines state, "Recommended as a tool to monitor compliance with prescribed substances." The ODG guidelines only recommend testing more than once a year for patients who are considered moderate or high risk. In this case, the treating physician has not documented any signs that the patient would be considered moderate or high risk for opiate usage. The current request is not medically necessary.