

<b>Case Number:</b>	CM15-0146376		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 53 year old female who sustained an industrial injury on 04-25-2006. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Lumbar facet pain (recently treated with radiofrequency). Piriformis syndrome. Post cervical fusion. Depression treatment to date has included surgery, medications, lumbar facet radiofrequency ablation. Currently, the injured worker complains of right buttock pain with radiation to hip and diffusely down the back of her leg. She also has neck pain, right lower back pain with radiation to hip and buttock, as well as depression, anxiety, and insomnia. Medication reduces her pain from an 8 on a scale of 0-10 to a 4 on a scale of 10 in about 20-30 minutes and last for about 4-5 hours. This relief has been at the same level for several months. According to the notes of 07-09-2014, she is not working, but has improved function in ability to enjoy her grandchildren and perform activities of daily living. Depression has been managed with Cymbalta and Wellbutrin, anxiety is controlled with Xanax and her sleep is improved to 6 hours per night when she takes Ambien compared to 1-2 hours with constant waking without it. On exam, she has a non-antalgic walk and has no peripheral edema. She has good cervical range of motion, but is stiff and uncomfortable. There is occipital and right upper/mid trapezius tenderness. There are no deficits in the upper extremity reflexes, sensation or function. The lower extremities have a good motor strength, negative straight leg raise, and are bilaterally equal. Lumbar palpation has tenderness over the procedure site, improved ability to move and rotate lumbar spine. She has markedly tender right piriformis muscle and sacroiliac joint. The plan is for refill of her current medications. A request for authorization was made

for. 1. Norco 10/325mg #150 (prescribed 7/9/15). 2. Colace 100mg #30 (prescribed 7/9/15). 3. Cymbalta 60mg daily #30 (prescribed 7/9/15). 4. Wellbutrin 75mg #60 (prescribed 7/9/15). 5. Ambien 10mg #30 (prescribed 7/9/15). 6. Xanax 0.5mg #60 (prescribed 7/9/15).

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

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

**Norco 10/325mg #150 (prescribed 7/9/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to discontinue/continue.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2006 and continues to be treated for neck pain and radiating low back pain. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved standing and walking tolerance, sitting tolerance, ability to perform activities of daily living, and enabling her to take care of her grandchildren. She has constipation due to her medications. When seen, there was occipital and right trapezius muscle tenderness. She had stiffness and discomfort with cervical range of motion. There was right piriformis and sacroiliac joint tenderness with positive right Fabere testing. She had pain with hip range of motion. Medications were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain, increased level of function, and an improved quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Colace 100mg #30 (prescribed 7/9/15):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2006 and continues to be treated for neck pain and radiating low back pain. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved standing and walking tolerance, sitting tolerance, ability to perform activities of daily living, and enabling her to take care of her grandchildren. She has constipation due to her medications. When seen, there

was occipital and right trapezius muscle tenderness. She had stiffness and discomfort with cervical range of motion. There was right piriformis and sacroiliac joint tenderness with positive right Fabere testing. She had pain with hip range of motion. Medications were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation due to opioids. Colace was medically necessary.