

<b>Case Number:</b>	CM15-0162268		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/15/2000
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

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 55 year old male who sustained an industrial injury on 04-15-2000. According to a progress report dated 07-29-2015, the injured worker had a spinal cord stimulator in place which generally provided good improvement in his lower back and lower extremity symptomatology. He was currently maintained on Norco 10-325 mg three times a day. The onset of action was approximately 30 minutes and duration was 8 hours with reduction of approximately 60% with his pain. He did have some difficulty sleeping with this medication. Therefore, he used Ultram in the evening one to two tablets per day as needed. Onset of action was 30 minutes. Duration was 4 hours with a reduction of pain at approximately 30%. He denied any side effects and showed no aberrant behaviors. He did get improvement from his lower back pain. He had an exacerbation of his lumbar radicular symptoms which had been ongoing prior to his last office visit in January. He continued with an increase in his lower back, buttocks and leg pain. He complained of numbness and tingling as well as weakness in the lower extremities. He had difficulty with prolonged walking. His medications continued to allow him to work, walk and cook. He was doing better prior to his exacerbation. A lumbar epidural injection had been denied. His current pain was approximately 4 on a scale of 1-10. Without mediation, his pain was an 8. The best in the last month was approximately 3. The worst in the last month was approximately 5. Average pain was approximately 4. A urine drug screen on April 2014 was consistent. His last CURES review was July 2014 and was consistent. His last functional assessment was on 09-03-2014 in the form of an Oswestry Pain Score. He scored 68. His pain guidelines were last signed in September 2014. The injured worker continued to work part time

despite pain. Diagnoses included lumbar radiculitis, lumbar post laminectomy syndrome and spinal cord stimulator with good relief. The treatment plan included MRI of the lumbar spine due to worsening symptoms (authorized), continuation of current medications, continuation with psychiatric therapy, urine toxicology screen, Oswestry score on 04-20-2015 was 68 and re-evaluation in one month. A urine drug screen dated 07-29-2015 was submitted for review and was positive for Hydrocodone, Hydromorphone, Tramadol and 0-Desmethyltramadol. Currently under review is the request for Norco 10-325 mg #90 and Ultram 50 mg #60.

### **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 Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with increase in his lower back, buttocks and leg pain rated 3-5/10 and 8/10 without medication. He complains of numbness and tingling as well as weakness in the lower extremities. The request is for NORCO 10/325MG #90. The request for authorization is dated 07/29/15. Physical examination reveals decreased range of motion of the lumbar spine. There is mild tenderness to palpation in the paravertebral musculature. Straight leg raise is positive on the right at approximately 50 degrees and positive on the left at approximately 55 degrees. There are decreased deep tendon reflexes. Sensation is decreased in the L5 and S1 dermatomes. The patient has a spinal cord stimulator in place which generally provides good improvement in his lower back and lower extremity symptomatology. Patient is to continue with psychiatric therapy. And continue with current medications. He denies any side effects. He show no aberrant behaviors. The patient's last urine drug screen was in 04/2014. His last CURES review was in 07/2014. His last functional assessment was on 09/03/14, which was in the form of an Oswestry Pain Score, he scored 68. His pain guidelines were last signed in 09/2014. Per progress report dated 08/26/15, the patient is working part time. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states,

"Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 07/29/15, treater's reason for the request is "the onset of action is approximately 30 minutes and the duration lasts approximately 8 hours with reduction of approximately 60% with his pain." Patient has been prescribed Norco since at least 01/29/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. Validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. UDS, CURES, and pain contract were discussed. Nevertheless, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with increase in his lower back, buttocks and leg pain rated 3-5/10 and 8/10 without medication. He complains of numbness and tingling as well as weakness in the lower extremities. The request is for ULTRAM 50MG #60. The request for authorization is dated 07/29/15. Physical examination reveals decreased range of motion of the lumbar spine. There is mild tenderness to palpation in the paravertebral musculature. Straight leg raise is positive on the right at approximately 50 degrees and positive on the left at approximately 55 degrees. There are decreased deep tendon reflexes. Sensation is decreased in the L5 and S1 dermatomes. The patient has a spinal cord stimulator in place which generally provides good improvement in his lower back and lower extremity symptomatology. Patient is to continue with psychiatric therapy. And continue with current medications. He denies any side effects. He show no aberrant behaviors. The patient's last urine drug screen was in 04/2014. His last CURES review was in 07/2014. His last functional assessment was on 09/03/14, which was in the form of an Oswestry Pain Score, he scored 68. His pain guidelines were last signed in 09/2014. Per progress report dated 08/26/15, the patient is working part time. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of

the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, opioids for chronic PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 07/29/15, treater's reason for the request is "The onset of action is approximately 30 minutes, the duration of action is approximately 4 hours with the reduction of pain symptomatology is approximately 30%." Patient has been prescribed Ultram since at least 01/29/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Ultram. Validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. UDS, CURES, and pain contract were discussed. Nevertheless, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.