

<b>Case Number:</b>	CM15-0164501		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: California, District of Columbia, Maryland  
 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 55-year-old male, who sustained an industrial injury on 12-6-2005. The current diagnoses are status post L1-2 posterior fusion (3-20-2006), L4-5 and L5-S1 PLIF (6-22-2013), cervical ACDF C3-4, C4-5, C5-6, and C6-7 (11-8-2012), bilateral lower extremity radiculopathy, right greater than left, reactionary depression-anxiety, possible right sacroiliac joint syndrome, and medication-induced gastritis. According to the progress reports, the injured worker complains of low back pain with radiation into his bilateral lower extremities. He reports progressive and severe left lower extremity radicular symptoms, which are making it very difficult for him to ambulate and cut back on his pain medications. He rates his current back pain 9 out of 10 on a subjective pain scale. In spite of the use of his spinal cord stimulator, he reports that the left lower extremity radicular pain is searing through the spinal cord stimulation, even though he has appropriate paresthesia coverage. The physical examination of the lumbar spine reveals tenderness to palpation throughout the lumbar musculature, antalgic gait, significantly hindered range of motion, decreased motor strength, diminished sensation along the posterolateral thigh and calf as well as the dorsum of the foot on the left compared to the right and positive straight leg raise bilaterally. In addition, he reports ongoing, debilitating pain in his neck with significant radicular symptoms into his bilateral upper extremities, rated 8 out of 10. The current medications are Norco, MS Contin, Neurontin, Anaprox, Prilosec, Robaxin, and Trazadone. There is documentation of ongoing treatment with Norco since at least 12-22-2014 and MS Contin since at least 1-30-2015. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, spinal cord stimulator, and surgical

intervention. Work status is described as permanent and stationary. A request for MS Contin and Norco has been submitted.

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

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

**MS Contin 30mg 1 tablet TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of MS Contin nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. With regard to medication history, the injured worker has been using this medication since at least 1/2015. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. This request is not medically necessary.

**Norco 10-325mg 2 tablets QID #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. With regard to medication history, the injured worker has been using this medication since at least 12/2014. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. This request is not medically necessary.