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| <b>Case Number:</b>   | CM15-0182626 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 04/23/1999 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male patient, who sustained an industrial injury on 4-23-1999. The diagnoses include neck pain, low back pain with underlying discogenic disease, and status post cervical spine surgery. Per the doctor's note dated 8/18/2015, he had complaints of neck and low back pain. Pain was rated 12 out of 10 VAS at times. The physical examination revealed cervical tenderness with muscle spasms and painful restricted range of motion; the lumbar spine-tenderness with muscle spasm and a positive left side straight leg raise test, decreased sensation in bilateral lower extremities. The medications list includes Zoloft, mirtazapine, MS Contin, hydrocodone 10/325mg and robaxin. He has tried Lyrica and it was stopped due to swelling of joints. Per the records provided he has undergone cervical spine laminectomy surgery in 2002 and tonsillectomy in 1955. He has had epidural injection on 1/18/2015. Other therapy done for this injury was not specified in the records provided. The appeal requested authorization for MS Contin 30mg #90 and Hydrocodone 10-325mg #120. The Utilization Review dated 9-16-15, modified the request to allow MS Contin 30mg #20 and Hydrocodone 10-325mg #81 stating "a lack of necessary clinical information required to medically justify these two requests." per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MS Contin 30mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chou, R Et al. The effectiveness and risks of long-term opioid therapy.

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

**Decision rationale:** According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects-consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" The patient is taking a total of greater than 100 morphine equivalents of opioids per day , which puts him at a higher risk for drug overdose. This patient does not meet criteria for ongoing continued daily use of high dose potent opioids analgesic. The medical necessity of MS Contin 30mg #90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

### **Hydrocodone 10/325mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chou, R Et al. The effectiveness and risks of long-term opioid therapy.

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

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the doctor's note dated 8/18/2015, the patient had severe neck and low back pain. Pain was rated 12 out of 10 VAS at times. The physical examination revealed cervical tenderness with muscle spasms and painful restricted range of motion; the lumbar spine- tenderness with muscle spasm and a positive left side straight leg raise test, decreased sensation in bilateral lower extremities. The patient has history of cervical spine surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Hydrocodone 10/325mg #120 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.