

<b>Case Number:</b>	CM15-0186230		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/04/1994
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 is a 75-year-old female who sustained an industrial injury on 08-04-1994. Current diagnoses include postlaminectomy syndrome lumbar region, postlaminectomy syndrome cervical, and unspecified thoracic-lumbar neuritis-radiculitis. Report dated 08-20-2015 noted that the injured worker presented with complaints that included low back pain, hip pain, knee pain, ankle pain, and foot pain. Pain level was 2 (average), 7 (least), and 9 (worst) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-20-2015 revealed right decreased neck range of motion, cervical tenderness and spasm, bilateral cervical trigger points, bilateral trapezius trigger points, bilateral rhomboid trigger point, bilateral tenderness in the cervical facet joints, positive Spurling's test, positive foraminal compression test, decreased range of motion in the lumbar spine, tenderness in the lumbar paraspinous area and spasm, bilateral lumbar trigger point, positive bilateral straight leg raise, bilateral ankle weakness, and bilateral lumbar radicular signs. Previous treatments included medications and spinal cord stimulator. The treatment plan included continuing with spinal cord stimulator for radicular pain, continue with medications, discontinue Butrans, follow up with primary medical doctor, pending visit for surgical options. The utilization review dated 09-02-2015, modified the request for hydrocodone-APAP and MS Contin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen 10/325mg quantity 135:** Overturned

**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, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1994 as the result of a fall. She continues to be treated for chronic pain including diagnoses of cervical and lumbar post laminectomy syndrome. In January 2015, medications are referenced as decreasing pain from 9-10/10 to 6-7/10. Extended release morphine and Norco were being prescribed at a total MED (morphine equivalent dose) of 130 mg per day. When seen in August 2015, pain was rated at 2/10 on average although pain scores are reported as ranging from 7-9/10. Medications are referenced as decreasing pain with improved function. Physical examination findings included decreased spinal range of motion with tenderness and muscle spasms. Trigger points were present. Spurling's and straight leg raising were positive. There was decreased bilateral ankle strength. Butrans was being prescribed and was discontinued. MS Contin and Norco were prescribed. The total MED was 100 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 was being prescribed as part of the claimant's ongoing management when Butrans was discontinued. When this combination of medications had been prescribed in January 2015, there had been what is considered a clinically significant decrease in pain, but the total MED was 135 mg per day. The current MED is 100 mg per day, which is now consistent with guideline recommendations. The request is considered appropriate and medically necessary.

**MS Contin quantity 90:** Overturned

**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, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1994 as the result of a fall. She continues to be treated for chronic pain including diagnoses of cervical and lumbar post laminectomy syndrome. In January 2015, medications are referenced as decreasing pain from 9-10/10 to 6-7/10. Extended release morphine and Norco were being prescribed at a total MED (morphine equivalent dose) of 130 mg per day. When seen in August 2015, pain was rated at 2/10 on average although pain scores are reported as ranging from 7-9/10. Medications are referenced as decreasing pain with improved function. Physical examination

findings included decreased spinal range of motion with tenderness and muscle spasms. Trigger points were present. Spurling's and straight leg raising were positive. There was decreased bilateral ankle strength. Butrans was being prescribed and was discontinued. MS Contin and Norco were prescribed. The total MED was 100 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. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management when Butrans was discontinued. When this combination of medications had been prescribed in January 2015, there had been what is considered a clinically significant decrease in pain, but the total MED was 135 mg per day. The current MED is 100 mg per day, which is now consistent with guideline recommendations. The request is appropriate and medically necessary.