

<b>Case Number:</b>	CM15-0197270		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 62-year-old male with a date of injury on 09-28-2009. The injured worker is undergoing treatment for lumbar disc protrusion, status post posterior spinal instrumentation and fusion at L4-5 on 05-27-2015, and depression. He has Diabetes. A physician note dated 06-11-2015 documents he is having more low back pain than leg pain at 5 weeks postoperatively. He does not feel numbness in his legs. He walks a little with a walker. He received Percocet from another physician. In a physician note, dated 07-13-2015 there is documentation he has low back pain and some upper back pain. He went to the Emergency Department recently and found he had a kidney stone. A pain management physician note dated 08-17-2015 documents he rates his pain rated 5-6 out of 10 with pain being present 90 to 100% of the time. Range of motion is restricted and painful. His pain is in his low back and he is using a back brace. He needs no assistance with personal care, but needs assistance with home duties. There is documentation in this note the injured worker has received prescriptions for opioids from at least 3 physicians. The injured worker felt a sense of concern that because of this visit not being able to reach a treatment accord that he does not wish to engage an extensive examination and recognizes that his primary reason for presentation was to get more medications. The physician states, "I have to admit that the fatalistic attitude, the lack of willingness to consider alternative treatment options, and the primary focus around medication management and curative surgical therapy causes me grave concern". Physician progress notes dated 09-03-2015 to 09-08-2015 documents the injured worker has complaints of low and upper back pain. He has a tingling sensation, which decreases with the use of Lyrica. Lumbar range of

motion is restricted and painful. He is more alert with this visit and ambulating. He is not working. Treatment to date has included diagnostic studies, medications, and now three lower back surgeries, use of a back brace, physical therapy, acupuncture, nerve blocks, and trigger point injections, use of a Transcutaneous Electrical Nerve Stimulation unit, psychotherapy, and leg exercises. Current medications include Alprazolam, AndroGel, Carisoprodol, Cialis, Escitalopram Oxalate, Hydrocodone 10mg-APAP 325mg (since at least 01-27-2015), Lexapro, Lidoderm patches, Lyrica, naproxen, Hysingla ER (since at least 03-09-2015), Nexium and Omeprazole. A Magnetic Resonance Imaging of the thoracic spine done on 03-24-2015 revealed a normal examination without significant canal or foraminal stenosis. On 09-16-2015 Utilization Review non-certified the request for Hydrocodone 10/325mg #120, and Hysingla ER 30mg #30.

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

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

#### **Hydrocodone 10/325mg #120: 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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, per the available documentation, the injured worker is receiving pain medications from three different providers and is only interested in medication management of pain. However, despite extended use of Hydrocodone, there is a lack of significant pain relief or functional improvement with its use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10/325mg #120 is determined to not be medically necessary.

#### **Hysingla ER 30mg #30: 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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, per the available documentation, the injured worker is receiving pain medications from three different providers and is only interested in medication management of pain. However, despite extended use of opioids, there is a lack of significant pain relief or functional improvement with its use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hysingla ER 30mg #30 is determined to not be medically necessary.