

<b>Case Number:</b>	CM15-0200987		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 51 year old female, who sustained an industrial injury on 10-18-02. The injured worker is diagnosed with post-laminectomy pain syndrome, lumbar radiculopathy and myofascial pain syndrome. A note dated 9-15-15 reveals the injured worker presented with complaints of constant neck pain described as aching and throbbing that radiates to her right shoulder and down her arm and hand with occasional numbness and tingling. She reports constant low back pain described as aching and at times stabbing that radiates down her legs bilaterally. The pain is increased with prolonged sitting and standing and relieved by resting and medication. Physical examinations dated 8-11-15 and 9-15-15 revealed moderate palpable spasms located at the bilateral cervical paraspinal musculature with positive twitch response, moderate palpable spasms at the bilateral trapezius with positive twitch response and severe pinpoint tenderness to palpation at the bilateral L4-L5 and L5-S1 facet joints. Severe spasms are noted at the bilateral lumbar paraspinal musculature with positive twitch response. There is decreased lumbar range of motion due to pain. There is also moderate diffuse tenderness to palpation at the right wrist. Treatment to date has included medications; Amitiza, Ibuprofen, Norco (3-2015), Omeprazole, Ultram (3-2015), Tizanidine and MS Contin (9-2015), which reduces her pain from 10 out of 10 to 3 out of 10 (70% reduction). She experienced therapeutic failure with Gabapentin, Lyrica, Cymbalta and Amitriptyline. Trigger point injections provided greater than 70% pain relief for 5+ months and acupuncture offered suboptimal pain relief per note dated 9-15-15. Diagnostic studies to date have included a urine toxicology screen dated 8-4-15, which was positive for Lorazepam and Hydrocodone and cervical spine MRI (2014). A request for authorization dated 9-18-15 for MS Contin 15 mg #60, Norco 10-325 mg #120, Ultram 50 mg #180 and urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

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

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

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

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, this request duplicates the request for Ultram as a short-acting pain reliever for break-through pain. This request is not medically necessary and appropriate.

**Ultram 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

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

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, this request duplicates the request for Norco as a short-acting pain reliever for break-through pain and documentation notes minimal pain relief from this medication and that it was to be discontinued. This request is not medically necessary and appropriate.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

**Decision rationale:** According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. There was no notation of irregular behavior suggesting abuse and that prior urine screens were consistent with prescribed medications. Last urine was collected in 4/15 which is within 5 months of the request and a screen is only required yearly or if there is concern for abuse. This request is not medically necessary and appropriate.