

<b>Case Number:</b>	CM15-0202184		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Illinois

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 67 year old male with an industrial injury date of 01-01-2007. Medical record review indicates he is being treated for chronic pain, failed neck syndrome, cervicgia, cervical spondylosis and opiate dependence. The treatment note of 09-10-2015 noted the injured worker was taking Avinza 30 mg three times daily and Norco 10-325 mg one to two tablets every four to six hours for pain, not to exceed six per day and had been stable on the current dose. The treating physician also indicated the injured worker had been doing "reasonably well, no dramatic changes in his overall status." Treatment plan included a gradual reduction in his medication dosage. In the treatment note dated 08-11-2015 the injured worker presented with a complaint of neck pain. The pain was rated as 5 out of 10, the "best is about 5 and the worst is about 7." His medications included Norco (since at least 05-22-2014) and Avinza (at least since 08-07-2012.) Prior medications included Gabapentin, Meloxicam and Lortab. Physical exam (08-11-2015) documented the injured worker was alert and oriented with no new focal neurological deficit. "The patient does not look overmedicated in any shape or form." The treating physician documented the injured worker was using up to 240 tablets a month of Norco which the physician decreased to 180 tablets a month. Urine drug screen (06-11-2015) showed "no levels shown for non-prescribed medications." On 09-18-2015 the request for Avinza 30 mg # 90 was modified to Avinza 30 mg # 72 and Norco 10-325 mg # 90 and a second prescription of Norco 10-325 mg # 90 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 01-01-2007. Medical record review indicates he is being treated for chronic pain, failed neck syndrome, cervicalgia, cervical spondylosis and opiate dependence. Treatments have included Norco (since at least 05-22-2014) and Avinza (at least since 08-07-2012.), Gabapentin, Meloxicam and Lortab. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends documentation of pain and function on numeric scale and comparing with baseline every six months if an opioid is taken for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Additionally, the maximum recommended daily opioid dose is 120 morphine equivalents. The medical records indicate the injured worker has been using opioids at least since 2012, but without overall improvement. The records indicate the injured worker is not properly monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, the injured worker is not being monitored as is recommended for long term opioid users. Furthermore, the medical records indicate the injured worker is taking about 150 morphine equivalents in a day, which is higher than the recommended maximum. The request is not medically necessary.

**Norco 10/325mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 01-01-2007. Medical record review indicates he is being treated for chronic pain, failed neck syndrome, cervicalgia, cervical spondylosis and opiate dependence. Treatments have included Norco (since at least 05-22-2014) and Avinza (at least since 08-07-2012.), Gabapentin, Meloxicam and Lortab. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg,

#90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends documentation of pain and function on numeric scale and comparing with baseline every six months if an opioid is taken for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Additionally, the maximum recommended daily opioid dose is 120 morphine equivalents. The medical records indicate the injured worker has been using opioids at least since 2012, but without overall improvement. The records indicate the injured worker is not properly monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, the injured worker is not being monitored as is recommended for long term opioids users. Furthermore, the medical records indicate the injured worker is taking about 150 morphine equivalents in a day, which is higher than the recommended maximum. The request is not medically necessary.

**Avinza 30mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Avinza® (morphine sulfate).

**Decision rationale:** The injured worker sustained a work related injury on 01-01-2007. Medical record review indicates he is being treated for chronic pain, failed neck syndrome, cervicgia, cervical spondylosis and opiate dependence. Treatments have included Norco (since at least 05- 22-2014) and Avinza (at least since 08-07-2012.), Gabapentin, Meloxicam and Lortab. The medical records provided for review do not indicate a medical necessity for Avinza 30mg, #90. Avinza (morphine sulfate) is an opioid medication. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends documentation of pain and function on numeric scale and comparing with baseline every six months if an opioid is taken for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Additionally, the maximum recommended daily opioid dose is 120 morphine equivalents. The medical records indicate the injured worker has been using opioids at least since 2012, but without overall improvement. The records indicate the injured worker is not properly monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, the injured worker is not being monitored as is recommended for long term opioids users. Furthermore, the medical records indicate the injured worker is taking about 150 morphine equivalents in a day, which is higher than the recommended maximum. The request is not medically necessary.